DOCUMENT RESUME

ED 336 168 PS 019 304

AUTHOR Shuster, Claudia Kramer, Ed.; And Others
TITLE The Hard Questions in Family Day Care: National Issues and Exemplary Programs.
INSTITUTION National Council of Jewish Women, New York, NY. Center for the Child.
SPONS AGENCY A.L. Mailman Family Foundation, Inc.; Ford Foundation, New York, N.Y.; Smith Richardson Foundation, Inc., Greensboro, N.C.
PUB DATE 90
NOTE 129p.; Report based on the Family Day Care Round Table (New Haven, CT, June 5-8, 1989).
AVAILABLE FROM National Council of Jewish Women, 53 West 23rd Street, New York, NY 10010 ($18.95).
PUB TYPE Collected Works - Conference Proceedings (021) -- Reference Materials - Bibliographies (131)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Annotated Bibliographies; *Child Caregivers; Early Childhood Education; *Family Day Care; *Financial Support; Labor Turnover; *Organizational Development; Professional Recognition; Program Development; *Recruitment; *Training
IDENTIFIERS Roundtable Reports

ABSTRACT

In June, 1989, The National Council of Jewish Women and Yale's Bush Center in Child Development and Social Policy convened the Family Day Care Round Table as part of the National Family Day Care Project. Goals of the round table were to: (1) explore hard questions about family day care; (2) identify promising programs and practices for enhancing the supply, quality, and affordability of family day care; and (3) develop a body of information that could be shared with the child care, government, business, and funding communities. The questions discussed were developed in consultation with participants and other knowledgeable professionals. Main sections of the report concern recruitment and retention, regulatory issues, training issues, the process of promoting quality and professionalism, organizational and planning considerations, and funding. The "hard questions" which were the basis for discussion are provided in Appendix B. Other appendices include a list of participants, profiles of programs represented at the round table, a bibliography of the resources of the programs represented at the round table, and a list of unresolved issues for researchers and policymakers. (RH)

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The Hard Questions in Family Day Care:

National Issues and Exemplary Programs

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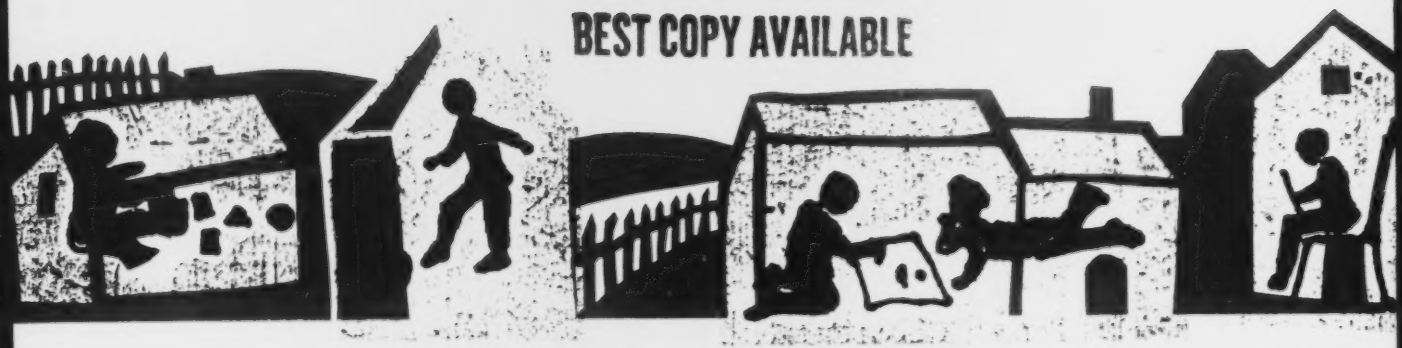

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THE HARD QUESTIONS IN FAMILY DAY CARE: NATIONAL ISSUES AND EXEMPLARY PROGRAMS

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The Hard Questions in Family Day Care Round Table was made possible in part by grants to the National Council of Jewish Women from: Work/Family Directions; Mervyn's; the A.L. Mailman Foundation; and the Ford Foundation.

We wish to thank the Smith Richardson Foundation for its generous support of the NCJW National Family Day Care Project and for underwriting this publication.

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PREFACE

THE IMPORTANCE OF FAMILY DAY CARE

Family day care is the care of a small group of children in the provider's home. It is the most common form of child care in the United States, serving millions of youngsters each day. Family day care providers are usually mothers themselves; about half have pre-school children of their own. Parents choose family day care for its "homey" atmosphere, flexible hours, consistent caregiver, and small group size. Despite its growing responsibility for nurturing the nation's children, family day care receives little public attention or support.

A family day care home can provide a warm and inviting setting as well as educational experiences for children. It is a place where children are involved in activities such as baking bread and talking to the mail carrier. It is a place where an older child can help a younger one to tie a shoe or button a coat.

THE PURPOSE OF THE ROUND TABLE DISCUSSIONS

The National Council of Jewish Women (NCJW) and Yale's Bush Center in Child Development and Social Policy convened the Family Day Care Round Table from June 6 - 8, 1989 as part of the National Family Day Care Project. The Round Table provided the foundation for developing this report.

The Round Table participants -- family day care specialists, including former child care providers -- represented some of the major non-provider organizations that form the infrastructure of the family day care system, including child care resource and referral agencies, education/training agencies, and community development organizations. (See Appendix A for participants.)

The goals of the Round Table were:

1. to explore some of the hard questions surrounding family day care, with the hope of better understanding the complexities of these questions and possible approaches to addressing them;

2. to identify some of the promising programs and practices for enhancing the supply, quality and affordability of family day care;

3. to develop a body of information that can be shared with the child care, government, business, and funding communities.

The agenda for the Round Table was based on a set of questions developed by the staff of NCJW and the Bush Center in consultation with the participants and other knowledgeable professionals. The questionnaires were distributed prior to the meeting to clarify participants' expectations and to enhance their preparations for the discussions. The "hard questions" which were the basis for discussion appear in Appendix B.

Significant headway was made at the Round Table in delineating the complexities of the family day care system. This report utilizes the Round Table as a foundation for outlining the crucial issues in family day care and for providing concrete examples of family day care programs. These efforts are just a beginning. Further discussion and research need to be conducted on issues raised at the Round Table and in this report. In the future, discussions should include providers and their associations -- local, state and national. Attention also should be focused on the differing needs of urban, suburban and rural communities. Some of the unresolved issues are included in this document in Appendix E.

I RECRUITMENT AND RETENTION[1]

Recruitment and retention are essential elements in building a family day care system. Such efforts are effective means for addressing the current problem of an insufficient supply of family day care providers.

While discussions on the subject of recruitment and retention often begin (as this one does) with recruitment, it is important to remember that a recruitment campaign without a simultaneous retention effort will usually result in maintaining the current number of providers. By combining the two, however, the workforce can grow in numbers and providers can receive important orientation training.

A. EFFECTIVE RECRUITMENT STRATEGIES[2]

The initial stage of family day care recruitment is the outreach effort to locate potential candidates. Following are some examples of outreach approaches.

1. NETWORKING WITH LOCAL PROVIDERS

Some suggest that networking with local providers may be more successful and economical than direct advertising. Because providers know the responsibilities of family day care, they can be good judges of candidates and can also contact peers as well as unregulated providers who are interested in becoming regulated. For example, as part of its recruitment effort, the Louise Child Care Program in Pittsburgh offers a finder's fee of $25 to providers for identifying recruits who complete training and join Louise Child Care's providers' network.

2. TAILORING COMMUNICATION TO A TARGET POPULATION

Some agencies tailor their mode of communication to the needs and motivations of a target population. For example, Neighborhood Child Care Initiatives at Child Care, Inc. in New York City has successfully used hand-written messages at laundromats in some neighborhoods to advertise for new providers.

3. ADVERTISING IN CORPORATE EMPLOYEE NEWSLETTERS

Recruitment through free advertising in corporate newsletters for employees (often made possible by child care resource & referral (CCR&R) contracts with employers) has proved successful; these publications are advantageous because of their high visibility.

4. PROFESSIONAL MARKETING CAMPAIGNS

Agencies have used professional marketing campaigns to recruit new providers. These campaigns use posters and billboards, as well as newspaper, television, and radio

advertisements. Although these efforts have attracted candidates, their most important results have been to enhance the image of family day care and create a more positive professional presence in the community for the sponsoring agency.

B. COMPONENTS OF SUCCESSFUL RECRUITMENT CAMPAIGNS

1. TARGETING SPECIFIC POPULATIONS

Some recruiting agencies create "provider profiles," defining characteristics of individuals who are likely to be successful in the family day care profession[3]. Target groups can include: women with their own young children; women with grown children who are new to the job market; women who are dissatisfied with their current work situations. Agencies try to tailor advertising and materials to attract and address specific groups' needs.

Many CCR&Rs target unregulated providers for recruitment, emphasizing the benefits of being part of the regulated system, such as participation in training, the referral system, the Child Care Food Program, and government reimbursements. Others set a priority on increasing the quality of existing child care services regardless of the providers' legal status. For example, unregistered providers are encouraged to attend training programs at Save the Children in Atlanta.

2. MARKET ANALYSIS

Ongoing assessments to assure that there exists a community need for new providers' services may be one of a recruiting agency's most important activities.

Agencies recruiting providers must identify the specific types of child care which are unavailable in a given area (for example, infant care, evening or weekend care, or care for children with special needs) and work to develop these types of care. Agency staff can alert existing providers to the need for these types of care, assist providers in developing an effective marketing plan, and in some cases furnish training to enable providers to offer needed services. Alternatively, agencies may focus on recruiting providers who are willing and able to offer the specific types of care in demand. In areas where family day care slots for children are already under-utilized, recruitment may not be necessary because it is likely to threaten existing providers.

3. PROVIDING INITIAL REFERRALS

One of the most important recruitment-related services is initial parent referrals to providers, which help create a client base to ensure a provider's economic success.

4. ADDRESSING THE ECONOMIC VIABILITY OF PROVIDING CARE IN LOW-INCOME NEIGHBORHOODS

Some agencies avoid recruiting providers in low-income neighborhoods where providers cannot earn an adequate living. This problem results from neighborhood

parents' inability to pay sufficient fees and concomitant low reimbursement rates of many state and local child care subsidies.

Some agencies have begun to address the child care needs in low-income communities with two related strategies. They offer information about child care subsidies. They also advocate increased government reimbursement rates and expanded eligibility for subsidies to a wider range of low-income families, effectively increasing providers' income potential.

C. SCREENING POTENTIAL PROVIDERS FOR SUCCESS

As new providers are recruited, initial screening is critical to discourage inappropriate applicants. Screening and counseling providers out of the field is much easier during the pre-service period, before potential providers feel committed to proceed or have participated in extensive training. Career counseling to offer alternatives is important in effectively screening providers or candidates out of the field.

While screening is an important part of the regulatory process, in most states the process is not designed to discourage inappropriate recruits. Funding to support the screening process is usually not available nor are regulatory staff often trained to screen providers. Once an inappropriate provider becomes regulated, it is often difficult to shut down the home, especially when parent education and complaint policies are inadequate.

1. PROVIDER CHARACTERISTICS

One agency uses the qualifications most desired by parents as primary considerations in screening their recruits. Parents want caregivers who interact positively with children, take a high level of responsibility while children are in their care, and are flexible and self-assured. Additionally, the agency looks at a provider's potential for developing business skills and for coping with a child care business at home.

2. SCREENING TECHNIQUES

Self-screening can be an implicit part of pre-service training. Participants can be encouraged to determine if family day care is a good choice for them and their families. Orientations by veteran providers help potential providers test their assumptions about family day care against practical and economic realities.

Although self-screening can be extremely useful, it is not effective in discouraging all inappropriate recruits; some agencies have developed their own comprehensive screening processes that follow self-screening. Some help recruits create business plans which analyze the economic feasibility of their providing family day care. Others identify potentially inappropriate recruits by their responses to vignettes and video-taped situations. Some agencies set criteria for acceptance into their training program. Others utilize formal pre- and post-assessments to measure knowledge gained during training. Home visits can be particularly useful in evaluating a candidate's potential for meeting regulations.

For example, Child Care Partnership of Dallas, Inc. screens new candidates during its 36-hour training program, which forms a part of its formal accreditation process.

Child Care Initiatives of Chicago has developed a screening process in the form of an intensive eight-week training program that includes: a group orientation meeting; completion by the candidate of a written application; submission of completed medical examination forms and written references; a personal interview; and a home visit. This screening process helps prospective providers determine their commitment and offers arenas for staff and trainees to discuss attitudes and approaches to child care, children's needs, and personal development goals.

Start-up loans and grants to bring homes in compliance with regulations are especially critical to the establishment of regulated family day care in low-income neighborhoods. The significant expense of upgrading homes that do not meet standards can create a serious impediment. In some cases, it may be used as a realistic basis for counseling some recruits out of the field. Start-up loans and grants are critical components of the Child Care Development Project in Maine and the Eastside Day Care Homes Cooperative in Indianapolis.

D. PROVIDERS' EMPLOYMENT "LIFE CYCLES"

1. VIEWING FAMILY DAY CARE AS PART OF A CAREER

Providers' longevity in family day care is often two to five years. Although a two-to-five-year commitment may appear to be modest, it becomes more significant if family day care is considered within the larger framework of the child care ecosystem. Family day care providers often remain in the child care field, continuing to use and further develop the skills they learned while providing family day care. For example, family day care providers may become recruiters and trainers at resource and referral agencies and associations, and staff members at child care centers.

By recognizing and supporting the career of child care providers, agencies and funders can view the results of recruitment, training, and retention from a more meaningful perspective: the creation and maintenance of a range of services responsive to family needs within the broader context of child care.

2. CAUSES OF TURNOVER

Two years is the generally accepted time for any new business venture to either succumb to natural attrition or move beyond the development stage into a period of financial stability. Some agencies, therefore, measure the effectiveness of their programs by tracking the number of homes that continue beyond this two-year threshold. This view, however, contrasts with a more commonly held perspective that turnover in family day care is a continuous, natural process related more to individual life circumstances and personal development needs beyond the control of the supporting agency.

3. LONGEVITY AND QUALITY

The longevity of providers, although valuable in terms of availability and continuity of care, may not guarantee continuing quality of care. Some family day care providers may remain in the field because they feel unable to tackle any other job or because they feel an obligation to the children in their care. CCR&R staff may want to encourage providers whose circumstances warrant a career change to plan ahead, to stop accepting new children several months prior to their termination as a family day care provider, and to support a positive transition for children and families.

E. RETENTION TECHNIQUES

Retention efforts, usually coordinated by CCR&R and, increasingly, by the provider associations, are cost-effective methods of maintaining experienced child care providers in the field while simultaneously enhancing their skills.

1. FAMILY DAY CARE ASSOCIATIONS

Family day care providers find ongoing support for increasing their self-esteem and sense of professional identity through their affiliations with local family day care associations. CCR&Rs which furnish basic resources to providers often help to initiate and support new family day care associations and encourage providers to join their local association. In addition, CCR&Rs or associations may offer training and newsletters and either administer or connect providers with the Child Care Food Program.

2. ALLOCATING RESOURCES

The challenge of allocating limited resources in the most effective manner is reflected in the remarkable range and intensity of training services offered by CCR&Rs and related agencies. In Connecticut, a state-wide team of four part-time trainers is responsible for outreach to over 5,500 providers via a quarterly newsletter, regional workshop series, and the creation and support of family day care associations. In a more in-depth program at Steelcase Child Care Services in Grand Rapids, Michigan, three staff members carry a responsibility for 100 providers. If a family day care network is funded to allow for each full-time trainer to work intensively with 10 to 15 providers using a home visiting model, the support can be more comprehensive.

3. MENTORING

One strategy that builds long-term professional commitment to family day care is mentoring. New providers often need personal support. Veteran providers can often meet this need. A mentoring program can initially be organized by CCR&R or association staff who train experienced providers in effective mentoring skills, such as methods of adult education. Eventually, mentoring programs can become self-sustaining as mentor leaders train other veteran providers to mentor new providers.

4. MATCHING TRAINING TO PROVIDERS' NEEDS

Providers' differing skill levels require a range of training levels and subjects. For example, a trained teacher who has been working in a child care center and decides to become a family day care provider may benefit from workshops on small business skills. An experienced grandmother may benefit from additional formal training. A new provider who has never cared for children can attend in-depth training in child development, early childhood education, and health and safety issues, as well as extensive supervision in her initial months of work.

Sometimes CCR&Rs do not have data to demonstrate that the levels of their services "match" the needs of the providers they serve. Rather, many agencies have a dearth of funding and struggle to offer providers services based upon available funding.

5. ZONING ADVOCACY[4]

Local zoning ordinances which do not permit family day care homes can inappropriately threaten the existence of family day care. The zoning controversy is clouded by: issues of local control; the rights of landlords (when potential providers are renters); restrictive covenants controling housing developments; and prohibitions against the provision of family day care or other home-based businesses in public (HUD-supported) housing. Child care organizations, government agencies, associations, and parents can work to make family day care a permitted use in all residential zones.

6. COMPREHENSIVE PROVIDER SUPPORT PROGRAMS

Agencies with more comprehensive (and more costly) provider support programs are able to furnish long-term, on-going supervision and resources. These may include home visits, insurance coverage, toys and materials, in-depth training, and financial aid for college courses and other training.

Some agencies train and evaluate a substitute pool or develop a "buddy" system to offer an organized back-up procedure for providers and a consistency of substitute care for children. Substitute programs also enable providers to plan vacations.

A variety of provider support services are offered at Child Care Initiatives in Chicago, including home visits, local support groups, and a telephone support line. In addition, two annual all-day training workshops give providers the opportunity to participate in the larger, city-wide professional network and providers in the network each develop individualized plans for their family day care homes. The system is aimed at enabling providers to develop a sense of belonging while encouraging self-reliance and personal fulfillment.

Child Care Initiatives' program also offers C.A.R.E. groups that meet every other week at local sites around the city. Providers and children in this program travel by bus to morning activities. The children's activities are organized like a pre-school

program, utilizing the curriculum presented to providers in home resource kits. The providers participate in discussion groups on self-determined topics. These groups encourage peer relationships which can replace the relationship between providers and the agency's home visitors as a source of support and empowerment. The groups also present a training alternative for providers who do not want to receive home visits.

F. INDICATORS OF SUCCESSFUL RETENTION

What are the appropriate indicators in measuring the outcomes of the ongoing cycle of recruitment, retention, and training? Is success measured by the number of new caregivers recruited? the quality of new recruits? the length of time new recruits remain in service? the degree of improvement after training, based upon pre- and post-testing or written self-evaluations? the number of children being served? the increase in economic self-sufficiency of new providers?

1. SHORT-TERM MEASURES

Short-term success may be measured in a variety of ways, depending on agencies' goals for specific projects. For example, in delineating recruitment outcomes, CCR&Rs may measure the number of new recruits who become regulated or the net increase of providers in a community as a result of recruitment efforts.

2. LONGER-TERM MEASURES

Evaluating long-range outcomes context provides meaningful information. Since recruitment, training, and retention are simultaneous, interrelated activities, they must be viewed as components of a whole system. Interpreting results, then, becomes complicated. If new providers are recruited at the same rate that veteran providers are leaving, is this success? What if the family day care provider becomes a teacher in a child care center; should this be viewed as a loss? Is it a loss if a provider returns to her original job after her own young children are in school?

II REGULATORY ISSUES[5]

A. REGULATORY STANDARDS

Family day care regulations set minimum standards for operation and are determined independently by each state. Because there are no federal standards or regulations, state regulations assume even greater importance. The challenge of family day care regulation is to protect the rights of the children in care and their families as well as the rights of providers and their families. If standards are too lax, children in care may be at risk; if they are too stringent, the viability of family day care is reduced, leading providers to avoid registration or forcing them out of business.

It is difficult to specify which regulatory standards achieve a balance among these interests because different members of the child care community often view regulations only from their own perspectives. Under-funded providers may seek to expand the number of children they can enroll in order to increase their income. Overburdened regulators may prefer to reduce or eliminate certain time-consuming requirements such as home visits. Child developmentalists may seek to create an ideal adult:child ratio to support high quality services. Child care resource and referral consultants, aware of families' unmet child care needs, may prefer to reduce regulatory requirements and increase incentives like training, referrals, and the Child Care Food Program to attract providers into the system.

1. STAFF:CHILD RATIOS

Staff:child ratios have a critical impact on quality of care.[6] The more children under a provider's supervision, the greater the challenge in meeting individual children's needs in an efficient manner. Some family day care specialists, therefore, support stringent staff:child ratios. They urge limiting group size in family day care homes to six children with no more than two under 2 years of age (or three under 3 years) including the provider's own preschool and (possibly) school-age children. This group also recommends further limitations on group size during novices' first six months of operation. Some suggest that in order to appropriately address children's needs, providers should limit their care to a "family constellation," a group of children to whom they could have given birth (i.e. a minimum of nine months' age difference between each child).

Others recommend less constraining regulations: allowing a provider to care for up to four infants (12 months of age or younger); or six children (four toddlers ages 12 - 30 months and two older children); or eight children (six preschoolers ages 30 months to 5 years and two school-age children); or up to 10 school-age children.

The differences in these recommendations are reflected in the variations in family day care regulations from state to state. Many states limit group size to a maximum of five or six children; some states allow up to 14 preschoolers under the supervision of one provider; some states have no regulations governing family day care.[7]

2. PROVIDER CHARACTERISTICS

In all child care settings, the characteristics of the provider have a powerful impact on the children.[8] Therefore, regulations should include standards related to a variety of provider characteristics, such as the provider's age, educational level, training and experience, health status (of provider and other family members), references and related background verifications (for example, fingerprinting and police and FBI checks), ability to function appropriately with children, provision of developmentally appropriate equipment, and adherence to local fire and safety codes. Parents should be guaranteed the right to visit their children at any time while they are in care.

Similar to regulations concerning staff:child ratios, provider characteristics presently included in family day care regulations vary from state to state. For example, twenty-seven states have no requirement regarding education or experience for family day care providers.

B. MAKING REGULATIONS EFFECTIVE

The impact of regulations is directly related to the degree and effectiveness of enforcement. Only sufficient numbers of regulatory staff receiving on-going training can enforce regulations in a timely, thoughtful, and knowledgeable fashion.

1. SUFFICIENT SUPPLY OF REGULATORY STAFF

If the supply of regulatory staff is inadequate, regulatory requirements may not be met. For example, family day care provider applicants may not receive home visits in a timely manner, delaying their opening; or the specified percent of regulated family day care homes may not receive unannounced monitoring visits for the protection of children.

2. WELL-TRAINED REGULATORY STAFF

In addition to the importance of sufficient numbers of regulatory staff, other crucial factors include ongoing training for regulators to understand the intent of regulations, the components of quality care, and the skills necessary to work effectively with providers.

When regulators have been properly trained, their home visits can educate providers as well as identify irregularities. Positive rather than punitive approaches can encourage providers to meet standards and simultaneously build healthy professional relationships.

3. CONSISTENCY BETWEEN REGULATION AND CHILD CARE PROGRAMS

State child care programs must support and reinforce the regulation system. If they do not, the effectiveness of the regulation system is reduced. Moreover, staff members of agencies involved in child care must cooperate within and among agencies so that providers in compliance with regulations are not penalized.

For example, the state of Maine does not provide an incentive for providers to become licensed, as licensed and unlicensed providers have access to the same supportive services, including participation in the Child Care Food Program. Because regulated providers often charge higher fees to meet standards, Maine's child care placement staff frequently uses slots in unregulated homes with lower rates. This creates a disincentive to be licensed.

4. ADEQUATE ENFORCEMENT

Regulatory standards must be adequately enforced to encourage the creation and maintenance of viable, comprehensive child care systems. When resources are insufficient, the outcome may be poor enforcement.

C. THE RELATIONSHIP BETWEEN REGULATION AND RECRUITMENT

Family day care providers often believe they will not benefit from regulation. For most providers, however, the advantages of becoming licensed or registered actually outweigh the costs. With the notable exception of providers who risk losing welfare benefits by "going public," most providers benefit from being regulated because they become eligible for many important supports. The effectiveness of regulatory systems in California, Massachusetts, and Minnesota, which maintain large numbers of regulated providers, demonstrate how effective regulations can be implemented.

1. FAMILY DAY CARE AND TAXES

Revisions of the tax code can encourage providers to become regulated and increase the economic viability of providing family day care. For example, the new Dependent Care Tax Credit rule requiring parents to furnish providers' social security numbers is an incentive for providers to become regulated. Some suggest that allowing family day care providers to use the Dependent Care Tax Credit for their own children in care would increase the economic viability of family day care. Providers need to be informed that most regulated providers who apply the tax code do not suffer a financial loss. Some providers perceive owing taxes as a significant drawback of regulation and for this reason prefer to remain outside the regulated system. A free flyer, The Tax Benefits of Becoming a Regulated Family Child Care Provider, available from Resources for Child Caring in St. Paul, Minnesota, demonstrates that most providers do not lose money by becoming regulated.

2. THE CHALLENGE OF ECONOMIC VIABILITY

Regulation standards, specifically those limiting the number of children in care, can reduce the economic viability of family day care and discourage providers from becoming regulated. This problem is especially significant for single heads of household. However, if the primary purpose of regulation is to protect children, other methods and resources must be found to attain economic viability for child care providers.

D. APPROPRIATE ROLES FOR CCR&RS IN THE REGULATORY PROCESS

Child Care Resource and Referral Agencies (CCR&Rs) must build ongoing, open relationships with providers in order to identify and address their needs. Therefore, the direct involvement of CCR&Rs in the regulatory role conflicts with their primary roles. CCR&Rs should instead play supportive and coordinating roles to regulatory agencies and providers.

1. INITIAL OUTREACH TO NEW APPLICANTS

With adequate funding, a supportive role for CCR&Rs could be basic outreach services to new applicants. They could serve as the initial contact point for people interested in becoming regulated and could distribute informational materials. Additionally, CCR&Rs could advertise and maintain telephone "warmlines," encouraging prospective providers to call with general questions and concerns about regulation which they may be less comfortable discussing with regulatory agents.

E. THE IMPORTANCE OF COOPERATION BETWEEN CCR&RS AND REGULATORY AGENCIES

The efforts of CCR&Rs and regulatory agencies are each enhanced if they work cooperatively in support of each others' activities.

1. PROMOTING POSITIVE INTERACTION BETWEEN REGULATORS AND PROVIDERS

CCR&R staff who present regulators to providers in a positive light help reduce the adversarial aspects of the regulation process and improve the quality of communication between regulators and providers.

2. COORDINATING ACTIVITIES

On-going communication and cooperation between child care agencies and regulators are critical in preparing regulators for the increased demands that recruitment campaigns can make upon their staff. If CCR&Rs were funded to offer potential recruits information and pre-service training preparatory to the regulatory process, the role of regulators would be simplified.

III TRAINING ISSUES

There often is a positive relationship between the providers' level of education and training in early childhood development and the quality of child care provided.[9] Moreover, providers need information about the "nuts and bolts" of setting up a business in their homes, licensing requirements, food programs and support systems. Training, therefore, is a critical supportive service for family day care providers. Comprehensive training programs are needed at both introductory and advanced levels.

A. THE LOGISTICS OF TRAINING

When planning training for family day care providers, agencies must consider job-related constraints.

1. TIMING

Training must be timed to minimize conflict with providers' work and family schedules. Providers usually work 10-12 hours per day, five days per week in addition to their family responsibilities. Training for providers, therefore, is usually planned for evenings and weekends. An alternate option is to offer workshops for providers and other activities for the children in their care during the normal workday. To be effective, this option usually must include transportation and child care.

2. SETTINGS

Providers who have not participated in formal training may be more amenable to training in their own home or the home of another provider rather than in a more public setting. Familiar local facilities such as community centers, public schools, or libraries which are safe and easy to find and have well-lit parking may attract a good turnout for training.

As providers become more self-assured and comfortable with training, they may pursue course work in more formal settings such as community colleges and adult education programs, which are beginning to offer appropriate and relevant courses. Some providers want to receive college credit for these classes, viewing it as a step in their career ladder.

A number of agencies offer training to family day care providers at child care centers, sometimes developing buddy systems between family day care providers and center staff. These programs enhance communication and work against a two-tiered system of care or competition between provider groups. Center-family day care alliances also offer both center-based and home-based providers alternative employment opportunities within the child care field.

B. TRAINING CONTENT

Both pre-service and ongoing training should emphasize developmentally appropriate activities. Young children learn through active play and work with the people and things in the world around them. They need meaningful activities that promote their cognitive, language, physical and social-emotional development.

1. COMPONENTS OF PRE-SERVICE TRAINING

Pre-service training enables candidates to understand the basic components of family day care. It should include an introduction to first aid, including choking and rescue breathing, even if these are not required by state regulations, as well as the "nuts and bolts" of becoming regulated as a family day care provider, including organizing the home environment, bookkeeping, and tax issues.

2. COMPONENTS OF ONGOING TRAINING[10]

Ongoing training is as important as pre-service training; it is the key to retention and to providing a career path for providers. Such training addresses providers' varied levels of knowledge and expertise and should address: child development; working with families; planning and implementing appropriate activities in the home environment; health, nutrition, and safety issues (covering first aid, including choking and rescue breathing); and business and marketing skills. Some providers also need training and personal support to raise their self-esteem and increase their assertiveness skills, content areas sometimes ignored within family day care training curricula.

Ongoing training should also address one of the most important aspects of quality child care -- interactions between providers and children, and providers and parents. The ability to interact appropriately with children of different ages reflect providers' attitudes, values, and beliefs about parenting and child rearing and their responsiveness to children and adults. These crucial and sensitive areas are best addressed through ongoing training in a trusting environment. Measuring the success of this type of training is costly since it requires direct observations, preferably in the providers' home.

Training should also emphasize the maintenance of a "homey" environment, a strength of family day care, rather than encourage a school-like environment.

3. TRAINING CURRICULA

Several comprehensive training curricula for family day care providers are available.[11] Because many of the important subjects for family day care providers are already contained in the Child Development Associate (CDA) competencies, Child Care Partnership of Dallas, Inc., has developed Family Day Home Training Materials (undated), a curriculum based upon the CDA competencies.

Training should be in a provider's first language and should reflect both her culture and learning styles. For example, in developing training options for minority groups, Save the Children of Atlanta, Georgia offers pre-service training in Laotian, Cambodian, and Vietnamese.

Because adults want to receive practical training, peer group discussions and role playing about personal experiences and pragmatic solutions to immediate problems are usually more effective than didactic formal instruction.[12]

C. APPROACHES TO TRAINING

The range of training approaches includes: home visits by a training advisor; cluster meetings that emphasize peer support and exchange (and often create valuable bonds among providers); workshops with homework assignments; self-study materials and videos for home viewing; and combinations of the above.

During home visits, trainers can work directly with providers and their children. This individualized approach allows trainers to model techniques which providers can emulate. It also offers an opportunity for immediate feedback, enhancing the learning process. Staff can also visit new recruits who are only caring for their own children, thereby training providers before they accept other children into their homes.

Home visitors must combine personal and technical support and deliver information without being authoritative or intrusive. The optional home visiting program implemented by Child Care Initiatives of Chicago includes a series of four visits over a six month period, emphasizing the special relationship between provider and home visitors. If the provider selects the home visiting option, she determines the curriculum areas to be addressed (for example: age appropriate activities, health, safety, nutrition, business skills, and marketing skills). The home visitor then brings material on the selected areas, as well as resource kits of curriculum ideas and business skills designed in monthly units.

One unique modification of the home visitor model, developed at the Child Care Development Project at Coastal Enterprises, Inc. in Wiscasset, Maine, involves community college business students as home visitors. The business students receive credit for working with providers on small business skills.

Home visits are used as part of the Child Care Partnership of Dallas' accreditation program to evaluate the effectiveness of classroom training on provider-child interactions. Home visitors in this program also give providers direct assistance in implementing the CDA competencies.

Controversy about potential liability issues prevents agreement on the appropriateness of CCR&R staff visiting providers' homes. Although visits can be valuable, the fear is that they may be construed by parents or providers as a "stamp of approval" or recommendation. CCR&R staff must be careful to communicate to parents and providers that they refer families to openings but do not make recommendations.

Regardless of the structure of a home visiting program, some providers view the basic concept as intrusive. Another drawback of this staff-intensive model is that it can be a relatively expensive training option. When working directly with providers in their homes is not feasible, home practica can be a valuable alternative, enabling trainees to integrate formal learning into practice.

D. EVALUATION TECHNIQUES

Child care organizations and their funders should take responsibility for ensuring that the effects of training programs are evaluated on a regular basis.

A variety of methods is used to gather information concerning the effectiveness of training.

1. PROVIDERS AS REPORTERS

Some agencies use pre- and post-written evaluation tools completed by training participants to evaluate their training. Pre- and post-tests must be competency based in order for providers to answer them accurately.

Some providers, however, express discomfort at completing written evaluations. One alternative used by Child Care Choices in Philadelphia is interviewing providers by telephone to learn about providers' overall satisfaction with training, the usefulness of the training materials, and whether providers believe that their practices have changed as a result of their training experiences.

2. PARENTS AS REPORTERS

Training evaluations sometimes include asking parents about the quality of the provider before and after training. In Minnesota, for example, state licensers have evaluated providers indirectly by surveying all parents who have used a provider during the year and then meeting with the provider to discuss the results. Some agencies have been successful in garnering parents' views of providers by conducting focus groups.

3. EVALUATIONS BY TRAINING AGENCIES AND INDEPENDENT EVALUATORS

Another valuable evaluation technique is the observation and interviewing of providers. Child Care, Inc. in New York City interweaves evaluation into home training visits. This process can produce useful results once staff members have developed a trusting relationship with the provider. The staff person asks simple, non-threatening questions such as, "Is it going smoothly? Are you making money? What kinds of things do you need? Are things going better with parents?" In addition to their value in evaluation, providers' responses to these questions also offer information about providers' self-identified problems.

Evaluations carried out by external evaluators not directly involved in training offer the most unbiased results. The extremely limited funding for family day care research, however, has precluded investment in independent training evaluations.

E. INDICATORS OF EFFECTIVE TRAINING

In short-term evaluations, goals may be discrete outcomes which can be measured, such as improved knowledge of first aid or the creation of a parent agreement. Long term evaluation of training is more complex.

1. PROVIDER-CHILD INTERACTIONS

The most sensitive method of evaluating the effectiveness of training in increasing quality is measuring providers' behavioral changes. Does the provider respond differently to children after training? Does she plan activities and arrange her setting and schedule from a more developmentally appropriate perspective? Quantifying these changes is an expensive process, requiring direct observation of provider-child interactions, usually in the home setting.

Agencies may not be able to document providers' behavioral changes if providers are new to the agency. The agency can, however, note improvements using absolute measures of quality, in organization, equipment, schedule, and planned policies. To support change, some agencies suggest that providers participate in a self-study program several months after training.

2. PROVIDERS' RESPONSES

Good attendance rates at trainings, requests for additional sessions, and the unsolicited encouragement by participants for other providers to attend training are indirect indicators that providers believe training improves their services. At Child Care Initiatives in Chicago, the maintenance of long-term, lasting networks of providers in community groups which work to support quality and availability of care is used as an indirect measure of the success of training.

3. TURNOVER OF CHILDREN

The rate at which parents change their children's arrangements may be another indirect method of assessing training's effect on quality of care. Child Care Initiatives in Chicago maintains records of the turnover rate among children within each family day care home. The agency considers maintenance of a stable group of children an important indicator of quality of care.

4. LEVEL OF AGENCY INVOLVEMENT

Child Care Initiatives also measures the success of training by the initiation and increase in commitment of local agencies to invest in supporting homes and providers. While increased agency involvement is often judged as a symbol of trust in the quality

and integrity of the family day care system, it may only reflect effective public relations efforts to convince agencies of unmet child care needs in the community.

In a child care market which lacks sufficient options, however, neither turnover of children nor level of agency involvement seem to be reliable indicators of effective training.

F. INSTRUMENTS FOR MEASURING QUALITY AND TRAINING OUTCOMES

Several observation instruments have been created to measure the quality of family day care.[13] These instruments can be useful for training providers and measuring the effects of training. Some also stress the importance of identifying the quality of attachment between providers and children in their care.

Both the Family Day Care Rating Scale (Harmes & Clifford, 1984) and the Louise Child Care instrument, Evaluating Home Based Child Care (1976, revised 1988), have good inter-rater reliability. They can be used as self-development tools by providers with the support of an advisor to help in setting goals. As pre- and post-evaluation tools, they can also be used to evaluate the effectiveness of training in changing provider behaviors.

Another tool, the Family Day Home Observation Instrument, based upon the CDA competencies, has been developed by Child Care Partnership of Dallas, Inc. (1987). This tool can also be used to measure the effectiveness of training. Child Care Partnership of Dallas encourages providers to participate in an annual accreditation program which uses this tool within a home-visitor training model.

IV PROMOTING QUALITY AND PROFESSIONALISM

A. DEFINING HIGH-QUALITY FAMILY DAY CARE

A set of standards more stringent than those required for basic regulation is needed in defining high quality family day care as a model of professional excellence. The components of these standards would include many of the categories discussed in section II REGULATORY ISSUES, including: adult:child ratios; group size; provider's education level, training, and experience; provider's ability to relate to children and create an environment reflecting developmentally appropriate principles; and nutrition, health, and safety standards.

1. RESOURCES FOR DEVELOPING STANDARDS

Resources for developing this new set of standards include:

- CDA National Credentialing Program, Family Day Care Providers; Child Development Associate Assessment System and Competency Standards (1989)
- National Association for the Education of Young Children's guidelines (see Developmentally Appropriate Practice in Early Childhood Programs Servicing Children From Birth Through Age 8 (1989)
- National Association for Family Day Care's Accreditation Assessment Profile (1987) and Accreditation Study Guide (1989)
- Family Day Care Rating Scale, Harmes & Clifford, (1984)
- Evaluating Home Based Day Care, Louise Child Care Program (1988)
- Family Day Home Observation Instrument Child Care Partnership of Dallas, (1987)

2. QUALITY FROM A VARIETY OF PERSPECTIVES

The most important criteria in defining quality are the outcomes for children, which are reflected in the quality of child/provider relationships, children's emotional well-being, and the development of age-appropriate skills. It is challenging, however, to measure the quality of the interactions simultaneously from the adult's and the child's perspective, given the range of children's ages and individual development.

From a simpler perspective, children's outcomes can be indirectly measured by the quality of the provider's responses to children and families. Is the provider

emotionally available to children and parents, encouraging, and responsive throughout the day? Does she know how to handle problems of children of different ages? Does she support the child's language development? Does the provider facilitate children's problem solving rather than control behavior? Is she mature, level-headed, creative, dedicated, knowledgeable, and flexible? Of course, the question remains, can these criteria be effectively and efficiently measured in a quantitative fashion?

B. SUPPORTING QUALITY AND PROFESSIONALISM

1. WORKING CONDITIONS' RELATIONSHIP TO QUALITY

Providers' working conditions, including income level and benefits, also affect the quality of care.[14] Adequate income enables and encourages providers to stay in the field, leading to consistent care for children (an important component of quality child care). Benefits, including medical and liability insurance and paid vacation and sick days, are also important to sustaining providers in the field. In addition, length of the work day also relates to quality of care. It is difficult for one provider to sustain quality care over a 10-12 hour day, 52 weeks per year.

2. PROVIDER RECOGNITION

Efforts by agencies and associations to recognize providers for their efforts are also valuable in supporting quality and professionalism. Reward systems that emphasize specific accomplishments rather than offering general recognition of a provider also serve as educational tools. By highlighting the valued behavior or activity of the honoree, these awards define objectives for other providers to emulate. Certificates and other tangible awards are often helpful in building provider morale.

3. NOMENCLATURE

The use of inappropriate nomenclature for regulated family day care providers is detrimental to providers' self esteem. The use of terms such as "babysitter" work against the efforts of providers and agencies to build the image of family day care as a professional service. Accurate nomenclature is also important when describing negative events which take place in illegal child care in someone's home; an unregulated provider who operates in a state which has regulation should not be referred to in the same way as a regulated family day care provider.

4. DEVELOPING A CAREER LADDER

Some agencies have worked to develop a career ladder for family day care providers in order to build professional and career options. Experienced providers can be encouraged to share their expertise by becoming leaders in family day care associations and trainers. Transitions to these new positions can be facilitated and supported by offering training to these providers on leadership skills, adult development and learning styles, and effective training strategies.

C. PARENTS' ROLE IN PROMOTING QUALITY CARE

1. CHOOSING CARE KNOWLEDGEABLY

Parents can affect quality by actively seeking quality care and rejecting inappropriate options. CCR&Rs have an absolute responsibility to educate and counsel parents about the components of high quality child care in order to enable them to evaluate their options. Agencies have developed an array of materials and techniques to accomplish this task.[15] Specifically, the goals of parent education are to encourage parents to expand their repertoire of questions and to use this knowledge when assessing potential providers.

2. MONITORING AND ADVOCATING INCREASED OPTIONS AND QUALITY

Most CCR&Rs emphasize that parents assume responsibility for investigating child care options. CCR&Rs stress that they refer but do not recommend particular programs, placing the burden of choice appropriately on the parents. Likewise, CCR&Rs usually do not monitor the providers listed in their data bases, a responsibility of the regulatory agency.

While knowledgeable parents should be effective monitors, many parents are uncomfortable acknowledging their dissatisfaction with inadequate child care choices; their plight is often exacerbated by the lack of alternatives. Parents should not feel forced to accept inadequate options. CCR&Rs should assist parents in identifying unmet needs and advocating for change.

3. HELPING PARENTS AND PROVIDERS WORK TOGETHER

Perhaps the most important supportive service CCR&Rs can offer to providers is the education of parents. By helping parents understand that providers are supportive, not competitive, parents can more easily appreciate providers' work. This understanding is vital to the success of the provider-family relationship.

Correspondingly, CCR&Rs can help parents by helping providers understand parents' anxieties about child care and their fears of competing with providers.

D. A NATIONAL PUBLIC RELATIONS CAMPAIGN FOR FAMILY DAY CARE

A national public relations campaign is needed to inform the public about the role and value of family day care in our society. Such a campaign might help parents and others understand the importance of the early years and the critical role of caregivers in the lives of their children and families and it also might encourage parents and others to become stronger advocates for children and child care.

1. THE MESSAGE

The message about family day care should emphasize the immediate effects of the lack of support for family day care on society: children are placed at risk; providers exit the field or bypass child care as a career option because the profession is not respected; and employers feel the economic repercussions when care is not available or affordable to their employees.

The basic message should increase awareness of the professionalism of trained child care providers, the importance of high-quality child care, and the positive long-term effects of quality care on children, families, and the community. The long-term societal implications are profound; poor quality care places children's future development at risk.

The message should also counteract the assumption that anyone can be a family day care provider and instead should emphasize the knowledge and skill necessary for high-quality care. Possible concepts for promoting the image of family day care include "Family Day Care -- the dedicated specialist in child care," "Family Day Care: the care of choice for over 5.5 million children in the U.S.," "Family Day Care is safe, legal and positive for children and parents," "Family Day Care, a tax-paying business that makes economic sense."

By focusing on the value of a variety of types of care rather than only addressing family day care, a public relations campaign could avoid arousing alienation or competition between different types of child care. A comprehensive campaign could provide a basis for coalition building and joint advocacy.

An additional goal is to maintain the press' recent interest in child care, yet avoid a return to the depiction of child care as a women's issue, with primary responsibility resting with mothers. To garner the support it deserves, child care must be rightly seen as crucial for families, employers, and our nation's future.

2. DEVELOPING A CAMPAIGN

To be effective, a national public relations campaign should be launched by a broad-based coalition of organizations (similar to the one formed to support the ABC legislation). Supportive groups might include: the National Association for Family Day Care; the National Association for the Education of Young Children; the National Association of Child Care Resource and Referral Agencies; the Child Care Action Campaign; volunteer organizations such as the National Council of Jewish Women, the National Council of Churches, Kiwanis International, the Association of Junior Leagues and the League of Women Voters; the United Ways; the National Academy of Pediatrics; state and federal agencies; labor unions; and legislators.

The campaign should be grounded in a careful study of recent successful social service public relations campaigns, such as those encouraging the use of seat belts, warning of the dangers of drunk drivers, and the Blue Cross/Blue Shield campaign encouraging patients to obtain second medical opinions.

Methods of communicating the message to consumers might include flyers in pediatricians' offices and stores frequented by young families, as well as public service announcements. The campaign should also target audiences beyond families using day care; a broader focus is critical to the creation of significant support for child care as a societal responsibility.

3. RECENT PUBLIC RELATIONS EFFORTS ON FAMILY DAY CARE

A variety of public relations methods have been used, including profiles of providers in newspapers, tours of family day care homes, information tables at community fairs, and testimonials from CEOs that their grandchildren are thriving in family day care homes. Additionally, family day care providers have communicated their professionalism by joining professional organizations, becoming active on their organizations' boards, and become trainers and presenters for organizations like the National Association for Family Day Care and the National Association for the Education of Young Children.

Unfortunately, negative publicity is extremely powerful. One well-publicized negative incident in the family day care field can wipe out a good public image based upon months or years of effort.

V ORGANIZATIONAL AND PLANNING CONSIDERATIONS

A. ORGANIZATIONAL STRUCTURES SUPPORTING FAMILY DAY CARE

An infrastructure of organizations currently provides a variety of services to family day care providers. These organizations include family day care associations, child care resource and referral agencies, Child Care Food Programs, regulatory and other state agencies, training/education agencies (for example, community colleges and adult education programs), social services agencies (for example, child care centers and community development agencies), volunteer organizations, Chambers of Commerce, women's organizations, and child advocacy agencies.

Various types of organizations excel in delivering different services. However, all successful agencies are sensitive and flexible in designing and delivering support based on providers' skills, background, and self-identified needs.

1. FAMILY DAY CARE PROVIDER ASSOCIATIONS

Family day care associations, composed almost exclusively of providers, are especially good at empowering providers, offering training and peer support, and serving as an industry pressure group. They may be less likely, however, to attain the multi-faceted perspective of CCR&Rs, which offer services for children, parents, providers, regulators, corporations, and funders. Lack of time (many providers work 60 hours per week), lack of accountability, and the need to focus on their own needs tend to weaken their efforts.

2. CHILD CARE RESOURCE AND REFERRAL ORGANIZATIONS[16]

CCR&Rs frequently have been effective in delivering general recruitment, training, and technical assistance to providers because they keep a pulse on consumer as well as provider needs. They often have a broad funding base which gives them independence and longevity.

3. OTHER RESPONSIVE ORGANIZATIONS

In some regions, community colleges, adult education programs, and/or Child Care Food Programs offer high-quality training for providers. Child Care Food Program sponsors are required to maintain regular visits to family day care homes, offering opportunities to build rapport with providers, introduce new ideas as part of the visiting process, and identify future training needs.

B. THE NEED FOR LEADERSHIP AND COORDINATION

1. LEADERSHIP AT THE STATE AND NATIONAL LEVELS

Family day care regulations are controlled at the state level. Therefore, state government support, especially within the regulatory agency, strongly influences the development of family day care services. Specifically, inclusion and adequate compensation for family day care services within the state subsidy system are crucial. On the national level, organizations can play an important role in developing a positive national image of family day care in the eyes of the general public as well as early childhood professionals.

2. THE NEED FOR AGENCY NETWORKING AND COOPERATIVE EFFORTS AT THE LOCAL LEVEL

Networking should occur at the community level among public, private and volunteer agencies serving family day care providers. These include regulators, family day care associations, CCR&Rs, social service agencies, public schools, churches, Chambers of Commerce, and volunteer organizations.

Some communities have designated one agency or developed a local organization of child care-related agencies to act as coordinator at the grassroots level. This organization supports ongoing communication among agencies about present services as well as planning and advocacy efforts to address community needs. It can be especially useful in targeting specialized unmet child care needs (for example the needs of infants and toddlers, handicapped children, and/or school-age children) and addressing them by identifying and soliciting funds for the agencies which have specific knowledge and responsibility regarding these groups.

C. COOPERATION AND COMPETITION

There is a range of opinions on how to best set the parameters for cooperation and competition. While some believe that there should not be duplication of services, others hold that duplication is acceptable if the services are targeting different populations.

1. THE BENEFITS OF COOPERATION

Effective partnerships are based upon the shared goal of providing the best possible quality and range of services in a cost-effective manner. If this belief is commonly held, cooperation between agencies can be productive. This is true not only in cases when services are complementary, but also in instances where services are identical and need to be limited to the most appropriate agency.

One successful example of cooperation is the training furnished by experienced CCR&R staff members for novice family day care recruiters from a grassroots organization. This type of effort meshes the CCR&R expertise with the

community group's ability to attract potential candidates in local neighborhoods. Another example is the sharing of a common data base by competitive CCR&Rs to avoid duplication of effort and unnecessary intrusion on providers. A third example is the state family day care association working with a local CCR&R to offer training to providers.

2. THE COSTS OF COOPERATION

Cooperation among organizations is not always appropriate. It is not productive if one agency is incompetent or dominated by a few insular people, or when the costs of cooperation are higher than the costs of competition. Additionally, it is not likely to be viable when agencies do not have shared values. The myth held by some funders, the media, and government agencies -- that all child care agencies work together harmoniously -- creates a problem when funders attempt to impose cooperative efforts between organizations that cannot work together.

3. COOPERATING WITH THE REGULATORY AGENCY

Child care associations and CCR&Rs should place a high priority on working with regulatory agencies, especially in recruiting new providers and improving the quality of care. Unfortunately, some regulatory agencies cannot provide adequate or consistent service, creating ambivalent feelings among child care advocates toward regulators and thus weakening cooperation. Advocating to build and enhance the capacity of the regulatory agency to meet its responsibilities may be the single most effective means by which CCR&Rs and associations can improve their own effectiveness in serving family day care providers and families.

4. COOPERATION BETWEEN CENTER-BASED AND HOME-BASED PROFESSIONALS

Networking and cooperation between center-based and home-based caregivers are important to reduce divisiveness and to increase recognition and resources for family day care within the child care community. Joint efforts by national organizations including the National Association for Family Day Care and the National Association for the Education of Young Children are necessary to legitimize family day care within the early childhood community and to increase family day care services.

5. THE BENEFITS OF COMPETITION

Competition presently exists and is likely to increase in many communities among Child Care Food Program sponsors, CCR&Rs, training agencies, and family day care associations.

Competition can be a positive force when it spurs more effective use of limited resources, enhances services, or encourages the creation of useful new approaches, thus improving and expanding choices for providers and families. Likewise,

competition can increase accountability, forcing agencies to re-evaluate their missions and motivations for involvement and eliminate unsuccessful services. Not all agencies should survive, nor should all services or new efforts be encouraged or supported.

6. THE COSTS OF COMPETITION

Competition becomes negative when it tears at the strength of the provider community, disrupts the array of services delivered, duplicates services, or drains scarce resources into services that are less than comprehensive. For example, fierce competition between Child Care Food Program sponsors wastes time and energy and is not productive. Likewise, when two CCR&Rs serve the same community, the result is often an unnecessary duplication of services.

Wasteful competition is sometimes inadvertently created when funders decide to support a new initiative by an inexperienced organization rather than help to maintain or increase existing identical services offered by a veteran agency. Although funders sometimes find the start-up of new services more palatable, they may be creating a less viable option to replace a pre-existing service, or be supporting a new initiative doomed to fail because it cannot compete successfully with a more experienced service organization. This wastes resources, reduces continuity of services, and creates a poor image for the unsuccessful service provider.

D. COLLECTION AND USES OF DATA

Currently there is a lack of consistent, accurate data on the child care system. Various types of data should be collected so that improvements can be made.

1. TYPES OF DATA

CCR&Rs regularly compile basic supply and demand data. On a monthly basis, they may maintain information about: the number of clients and number and ages of children served; types of care requested and number and types of referrals responding to these requests; and the clients' employers and place of residence. On an annual basis, they may keep data on: providers' fees by type of care; responses of clients and providers to agency services; and responses of clients to child care experiences.

Often, specific data are also collected in relation to recruitment, education, and training efforts. These include information such as: the number of candidates recruited by specific recruitment strategies and campaigns; the provider turnover rate; providers' reasons for leaving the field; providers' current needs for supportive services; the number of workshops furnished to providers and parents; the number of workshop participants; and the amount and type of technical assistance offered to parents, providers, legislators, advocates, and employers.

A vacuum currently exists in data collection concerning unregulated child care, which is essential for creating a more accurate picture of the child care system.

2. USES OF DATA

Data about supply and demand create a rough demographic picture of available child care services, which can be compared to population demographics and then used to define unmet needs and under or unserved populations by age of child, geographic area, and employer. Data usually include documentation of unmet child care needs for specific populations (for example, school-age children, or children of teen parents).

Information collected by most CCR&Rs is somewhat limited because it only reflects families using CCR&Rs' services. Census data and HRA data can be helpful in estimating a more complete picture of child care needs.

Other, more sophisticated data analyses have been employed to measure the effectiveness of the child care system. The "Child Caring Report Card" described in The 1988 Annual Report on The Minnesota Child Care System, by Tom Copeland,[17] uses nine indicators to delineate the quality, availability, and diversity of child care in Minnesota. These indicators include the percentages of centers accredited, family day care homes participating in a Child Care Food Program, families served who are eligible to receive financial assistance, state child care funds spent compared to allocations, and licensed child care spaces per number of children needing care. The scores are totaled to create a basic indicator of the health of the child care system by county, an effective tool in defining needs and building understanding to support advocacy efforts. The scores also measure agencies' efforts (regulators, CCR&Rs, etc.), so agencies can be held accountable in a quantifiable manner. Additionally, the data can be used to educate consumers, legislators, regulators, and other community members about the needs, responses, costs, and problems in child care and to elicit their support in addressing these issues.

The 1988 Annual Report on the Minnesota Child Care System has identified the lack of consistent, accurate data as a significant barrier to improving the child care system in the state and recommends the collection of specific information by state agencies to correct this inadequacy. The report reflects the importance and value of a regular, consistent data collection and reporting system as an ongoing method for maintaining accountability and assessing needs for future planning.

VI FUNDING

A. CURRENT FUNDING SOURCES

Current funding sources for child care include a combination of public and private monies from government (federal, state, and local), parents, and corporations, foundations, and other private funders.

1. PARENTS

Parent fees form the largest single source of child care funding. According to the Child Care Action Campaign (1988),[18] families spent almost $13 billion for child care in 1985.

2. GOVERNMENT

Tax credits represent the major federal investment in child care. According to the Child Care Action Campaign, of the $5.75 billion of federal child care monies expended in 1985, $3.5 billion were tax credits granted to parents via the Dependent Care Tax Credit.[19] Other creative but less stable sources of government funding have been state lotteries, developers' fees, and special taxes (for example, marriage license fees).

3. CORPORATIONS AND PRIVATE FUNDERS

Although CCR&Rs often receive government funding, most cannot rely solely on government support to fund their agencies. Many CCR&Rs, therefore, have sought to balance their budget through corporate contracts, often sold on the basis of offering enhanced services to corporate employees. Enhanced services typically include making vacancy checks to insure that openings exist immediately prior to giving referrals and recruiting new providers to meet specific employee or general corporate needs. The system of providing enhanced services to corporate employees results in publicly and privately employed parents and their families receiving different levels of services. This is a compromise that some child care advocates consider inherently unfair.

Several major corporations and private funders have recognized the unmet need for child care among their employees and community members. Accordingly, some have developed their own child care centers or incorporated child care into their employee benefits packages. Steelcase, Inc. sponsors a family day care network of 400 providers that forms the basis for its child care referral program. Others have contracted with CCR&Rs for employee referral services. A few have offered significant pilot funding to CCR&Rs with emphasis on recruitment to create more family day care programs. These include Mervyn's, the Ford Foundation, and Bank of America.

B. THE RESPONSIBILITY FOR FUNDING

The question of who should pay for child care is fundamental to policy decisions about child care funding. Many pragmatically suggest that child care is and must continue to be funded by a variety of sources -- public funding coupled with resources from parents, corporations, and foundations.

1. PARENTS

Some child care advocates propose that parents should be primarily responsible for the cost of child care. For example, Resources for Child Caring in St. Paul, Minnesota, has begun to charge providers a modest sum for training ($3 to $5 per hour) in the belief that providers will pass on these costs to parents by raising their fees. As a result, the agency suggests that a greater share of the real costs of child care, including training, will be borne by parents.

Advocates who favor shifting more of the burden to parents hope that parents will become more vociferous in their advocacy for government child care funding. They emphasize that most parents cannot afford to pay the total cost of quality child care and that monies for basic services need to come from a broad spectrum of the population in order to maintain a healthy child care system.

2. GOVERNMENT

Some define child care as both early childhood education and a social service; they suggest that child care should be a universally available program -- an entitlement -- funded by the government. Some believe that child care should become a basic right similar to public education, established by federal mandate and funded by local communities. Others propose that a national agency or office would help to restructure government priorities in this direction.

3. PROVIDERS

Most training agencies operate on the premise that training should be available at no cost to providers. They draw a comparison with teachers who receive free in-service training and suggest that government and corporations should pay the costs. In addition, most providers' earnings are modest and inequitable considering providers' level of education and training; their low incomes essentially subsidize the cost of child care.[20]

Some training agencies suggest that not charging providers is unlikely to be a long-term, workable solution. Therefore, some charge providers at least a portion of the cost of training. Some family day care networks have shut down, however, when providers realized that the percentage of parent fees that was paying trainers' salaries could be converted into higher personal income. This suggests that when providers believe that they are directly or indirectly paying for training, they may be unwilling to assume the costs.

4. CORPORATIONS AND PRIVATE FUNDERS

The changing relationship between work and family creates a need to alter the traditional view of child care as solely a family responsibility. Employers are increasingly being seen as responsible for some child care costs. Although only a small percent have responded, corporate investment in child care is expected to continue expanding.[21]

C. INCREASING CHILD CARE OPTIONS

1. STRATEGIES

Until a universally available system is created with an array of quality child care options available to all families, the piecemeal approach to increasing options seems destined to continue.

The adoption of a comprehensive child care entitlement program could create universally available child care for all families. Such a program could work to eliminate the two-tiered system which currently penalizes poor children, their families, and their providers. If well-funded, such a program could set quality standards and funding levels so the presently under-funded, often inadequate system could be significantly improved. This would require a significant commitment of tax dollars.

One immediately applicable strategy to enhance child care options specifically for low-income families is to utilize as many sources of funding as possible (for example, Head Start and Jobs Training Partnership Act) and create mechanisms that enable funds to follow the child. This task requires initiatives to coordinate services and funding streams so that children's needs are continuously met. Texas is initiating a first step in this direction with proposed legislation mandating communication between systems serving the same populations of children. In Connecticut, the State Commission on Children, which includes members of the public, legislators, and the commissioners of all state agencies responsible for serving children, has begun a study to improve coordination of services among these agencies.

Another strategy is utilizing sliding fee scales. Upper-income parents can be charged a greater share of actual child care costs than low-income parents; similarly, providers earning substantial incomes can be charged a greater share of actual training costs than low-income providers. Higher fees paid by upper-income families and providers could subsidize the cost of care and training costs of lower-income families and providers. Given the choice, however, upper-income families and providers may choose not to remain in systems which they are subsidizing.

Other strategies to increase child care options include: family day care associations and state agencies developing group plans to reduce the costs of liability insurance and health benefits to providers; raising subsidy and reimbursement rates to meet the real cost of care; and expanding the subsidy and reimbursement system to serve all parents in need. For example, an expanded subsidy system in Marin County,

California earmarks public/private funds to defray the costs of child care for families with incomes just above the maximum allowable within the existing subsidy system.

One impediment to strengthening advocacy on child care for low-income families is the conflict over the importance and implications of encouraging parental choice. Some advocates support maintaining a broad range of child care options with parental choice as a primary component; others suggest that a system emphasizing choice favors upper-income families and inappropriately assumes that parents can and will set quality of care rather than affordability and convenience as their priority.

2. METHODS FOR DISTRIBUTING FUNDS TO PARENTS AND PROVIDERS

Some advocates encourage structuring the funding of child care so that parents receive the money directly. Some argue that when payments are made directly to low-income families, parents sometimes spend these funds on their primary needs such as food and rent. Others suggest distributing funds through an intermediary, such as a CCR&R, giving parents a choice of providers and insuring appropriate use of funds. Supporters say this method also creates the opportunity to educate parents about choosing quality child care and the importance of advocacy to increase governmental support for the child care system.

Almost all corporate child care policies provide support either directly or indirectly for the local child care system. For example, when corporations contract with resource and referral services or fund pilot projects to recruit and train providers, they enhance the community child care infrastructure.

Some systems chosen by corporations specifically address the needs of low-income employees, such as subsidies which defray employees' child care expenses and sliding scales which furnishes the most relief to the neediest families. Other employers pay a set percentage of the family child care bill, a policy developed to retain the most highly skilled workers.

"Cafeteria" benefits and salary reduction plans, intended to offer increased choice to employees and simultaneously to contain the cost of corporate benefits packages, aid upper income and dual-income families whose resources (including dual benefit packages) allow them to take advantage of these options. These plans are less useful to low-income and single parent families who have more limited incomes and benefits.

3. FAMILY DAY CARE AS AN OCCUPATION FOR WELFARE-TO-WORK PROGRAMS

The present welfare system presents enormous obstacles for welfare recipients interested in becoming family day care providers. However, a number of policy changes could increase the viability of family day care as an occupation. Substantial increases in income disregard and the continuance of benefits would enable potential candidates to develop a home business and achieve a reasonable income level. In

addition, child care subsidies would need to be increased so that low-income families could pay adequate fees to their neighborhood providers. Federal regulations allow states to set Title XX funded child care reimbursements at up to the 75th percentile of the state's cost of care. However, in some states, the child care reimbursement rates are set at less than market rates[22] and regulations prohibit parents from making up the difference, thereby penalizing providers. Also, rules must allow providers to be paid government reimbursement rates directly, instead of stipulating that government offer tax credits to parents.

Policies should be changed, so that parents receiving public child care subsidies are no longer encouraged to use unregulated child care providers, who often charge less than the market rate. Simultaneously, unregulated providers should be encouraged by tax and training incentives to join the regulated system. Agencies such as Save the Children in Atlanta, Georgia and Child Care, Inc. in New York City are actively working with unregulated providers and encouraging them to become part of the regulated system.

It is important to note that family day care is not going to be a viable career option for everyone. Before selecting family day care as a career, welfare recipients must carefully explore the potential difficulties. Many are not appropriate candidates from the perspectives of skills, training, and economic viability and should be encouraged to seek alternate occupations.

D. APPROACHES FOR MAINTAINING AND INCREASING CHILD CARE FUNDING

1. PROMOTING THE LONG-TERM PERSPECTIVE

In a nation which is expected to rely even more heavily on workforce participation of women of childbearing age in the future,[23] the child care system must be supported from a long-term perspective. Many emphasize that strategies to increase funding must be based upon the reality that child care is not a system that can be "fixed" with a one-time effort, but rather, an ongoing service that requires a healthy building and maintenance program similar to the national highway system.

While there is a continuous need for recruitment, retention, and training, funders do not necessarily recognize the need for long-term commitment. They must be discouraged from limiting their contributions to seed money for the creation of additional child care slots. Many CCR&Rs continuously struggle with uncertain funds in inadequate amounts to address recruitment, retention, and training needs. As a result, the agency becomes inconsistent in its ability to provide services, creating negative images of the agencies' reliability.

An effective rationale for building comprehensive, long-range support among funders is to identify the impact on corporations when child care providers leave the field. This cost includes employees' time lost from work to search for new care as well as emotional disruptions for employees and their families.

2. BUILDING BROAD-BASED SUPPORT

An initial step in maintaining and increasing child care funding is the development of a broader base of community knowledge and participation to address unmet child care needs and to create a larger constituency for child care advocacy. To achieve this goal, child care advocates have solicited support from new groups. They have encouraged elementary school personnel to implement school-age child care needs assessments and have requested that Chambers of Commerce sponsor similar community surveys. These strategies increase these groups' level of awareness so that they may support the survey outcomes and advocate for the child care community. A next step could be the institutionalization of the surveying and reporting to commit these agencies to participation in future child care efforts. Involving city, regional, and/or county planning offices in creating a child care data base serves the same function.

3. THE IMPORTANCE OF AGENCY ACCOUNTABILITY

No matter what the funding source, agencies should carefully delineate what has been accomplished with the funds expended, justifying the costs of recruitment and training with measurable outcomes. A common set of measurement standards, including quality and cost per unit of service, would be a valuable tool to demonstrate accountability to funders.

4. MAINTAINING A DIVERSE FUNDING BASE

Given the present realities, a diversity of funding sources is critical to maintaining a healthy child care system. Many agencies are struggling to retain fiscal support from all sectors because the loss of commitment from either the public or the private sector would have a negative impact.

5. THE ENTREPRENEURIAL APPROACH

Many agencies have developed an entrepreneurial approach to support child care in their regions, charging fees for as many of their services as possible. For example, Resources for Child Caring in St. Paul, Minnesota charges for child care referrals, provider training, and consultation to companies. It carefully demonstrates its accountability by relating costs to outcomes and by eliminating services (like its toy-lending library) which have lost money. This system is economically responsible but may not be able to support services that can not be self-funded.

For some agencies, charging for services is an unfamiliar strategy. They do not consider this practice acceptable, viewing it as a conflict with their missions. This dilemma suggests the philosophical tension between the mission of child care organizations and the present economic realities of their survival.

Many corporations expect to pay only minimally for child care-related services supplied by a non-profit agency, and child care agencies contribute to that orientation when they do not charge sufficient fees for their services. Concurrently, some agencies find pricing services for corporations to be problematic; unfamiliar with corporate pricing structures, they set fees below the corporate market rate, sometimes below the real cost of providing the service.

E. NEW FUNDING SOURCES AT THE NATIONAL, STATE, AND LOCAL LEVELS

1. TAX POLICIES

Changes in tax policy are needed to support child care at a higher level in a much more consistent manner. One suggestion is enabling family day care providers to claim their own young children (for whom they supply care) as tax deductions, using the existing Dependent Care Tax Credit. Changes could also be made to shorten the depreciation schedule for providers' home and equipment and to increase the reimbursement rates for food costs through the Child Care Food Program.

Family day care providers are often poorly informed about tax deductions for depreciation, equipment, and related items. Materials and training to enhance providers' ability to utilize the existing tax structure are necessary.[24] (Also see III. Training Issues.)

2. RAISING REIMBURSEMENT RATES

The reimbursement rates for subsidized care vary tremendously and often arbitrarily from state to state. These reimbursement rates strongly influence the recruitment and retention of providers and, therefore, the quality of care. In Minnesota, providers are reimbursed up to 110%, and in some counties the rate is as high as 125% of the median rate (computed by age of child and by geographic region). Setting reimbursement rates based upon market rates introduces objectivity within the local context.

3. COMPREHENSIVE PLANNING

Comprehensive planning at the federal, state, and local levels plays an important role in developing a hierarchy of interrelated systems which can build and maintain an effective child care system. An analysis of the existing infrastructure for the expenditure and distribution of federal monies and corresponding recommendations for change are essential. The analysis should include a study of available funding sources and the federal regulations that govern these funds (including the impact of the Job Training Partnership Act, Community Development Block Grant, Title XX Social Service Block Grant, and the recent welfare reform act).

Currently, government funding of the child care system is controlled primarily at the state level. Some suggest developing state child care planning bills to create a

long-term framework for a continuous child care delivery system. Such bills would be supported by ongoing data bases including: profiles of family day care provider groups; their socio-economic status and longevity in the field; information about market and reimbursement rates; patterns of funding sources and distribution to parents and to providers; and unmet child care needs. A consistent data set used by every state would enhance its value in assessing the status of child care on a national basis.

4. CHILDREN'S FUND

A strategy to produce the ongoing funds needed to support child care is the creation of a Children's Fund, a specific source of revenue earmarked for children. Some suggest that a Social Security tax of 2% could be deducted from all pay checks for this purpose. Others propose the adoption of a federal child care act, similar to the Act for the Education of Handicapped Children, to establish federal mandates and standards. Funding to implement the mandates would remain primarily with local communities.

5. PUBLIC/PRIVATE PARTNERSHIPS

Public/private partnerships can support child care by leveraging resources from a variety of sources. For example, the state of Connecticut offers a fifty percent tax credit to defray companies' costs of subsidizing employees' child care expenses, a substantial incentive. Sometimes, state regulatory agencies and private corporations forge partnerships; the state provides basic training funds for family day care and corporations take responsibility for soliciting corporate monies for recruitment efforts. Some people point out that inherent in public/private partnerships is the challenge of divergent missions. A corporation's primary responsibility is to earn a profit; a public agency's goal is to "do good," to provide a service. The divergent missions are also reflected in differing needs. Corporations depend upon available child care to recruit and retain their workforce. Social service agencies offer child care to equitably meet the developmental needs of children and their families. These needs can relate to a common goal, but they can also make public/private partnerships difficult to sustain. Organizations participating in child care partnerships must make special efforts to forge and nurture their relationship on the basis of their common goal.

6. THE ROLE OF THE PUBLIC SCHOOLS

The involvement of public schools in the child care system has been both a support and a concern. Because public education is an entitlement available to all children, the alliance with public education represents an opportunity to extend some universal availability to child care services as well. However, child care often is not considered by public schools as an "educational" service, and, therefore, they usually do not define child care services as part of their primary mission. Additionally, the education system's struggle to maintain adequate funds and address school age children's increasing needs has sometimes made child care seem to be a competitor for limited resources.

Disparity between teachers' and child care professionals' salaries and benefits packages presents another challenge. The strength of unions in the public education system has resulted in a scale of teachers' salary and benefits that far exceeds the wages of child care professionals. If child care providers were paid at the same rate as teachers, the cost of child care would skyrocket; as a result, significant government funding would be required or many more low- and middle-income parents would be unable to afford the cost of care.

Although these conflicts create barriers to cooperative efforts between the systems, both public schools and child care agencies hold a common mission -- to provide developmentally appropriate, quality services to children. The present failure to offer these services for the entire time when parents are at work creates a common need and responsibility.

Edward Zigler, Sterling Professor of Psychology and Director of the Bush Center in Child Development and Social Policy at Yale University, has proposed a model, "Schools of the 21st Century," to overcome economic obstacles by creating separate education and child care systems within school buildings without demanding unification of management or funding structures.

Another possibility is the creation of more integrated approaches. In Maine, public school aides funded through Chapter I, who are technically unemployed during school vacations, have been recruited to serve as assistants in family day care homes during these school vacations. This strategy enables providers to care for school-age children for the full day during these periods. In addition, these aides provide transportation services between the public schools where they work and local family day care programs.

7. ALLOCATION OF RESOURCES

Constrained and challenged by extremely limited resources, organizations forming the child care infrastructure have generated a variety of complex services to support families and providers. The cooperative and competitive programs of child care organizations and regulatory agencies include recruitment, retention, and training services.

Some organizations provide in-depth, long-term services to a chosen few. For example, family day care networks may provide weekly or bi-weekly home visits and/or weekly group meetings for providers and the children in their care; these programs often have a staff:provider ratio of 1:10-20.

Other agencies, straining to address multiple needs with extremely limited budgets, stretch their resources as far as possible. One state-wide family day care training program with a staff of four strives to furnish some level of support to the over 5,000 registered providers via a quarterly newsletter, regional workshops, and technical assistance to family day care associations.

Program inequities that are based upon inadequate, irregularly distributed resources leave many families and providers underserved or totally unserved. For example, in fiscal year 1977, subsidies funded through Title XX to defray the cost of child care for poor children served only 12 percent of the 3.3 million poor children younger than six. According to the Children's Defense Fund, funds are now stretched even thinner. The overall Title XX allocation is less than 50 percent of its FY1977 level (after adjusting for inflation) and the population of preschool children in poverty has swelled to almost 5 million.[25] Day care training funded under Title XX has sustained more substantial reductions.

In October 1990, the Congress passed major new child care legislation that makes substantial changes in child care policy. The Child Care and Development Block Grant authorizes new federal block grants to states ($2.5 billion over three years), to help families pay for child care or to support activities that increase the supply or improve the quality of child care. Additional entitlement funding ($1.5 billion over five years) will provide child care to families who would otherwise be at risk of becoming dependent on welfare.

VII UNANSWERED QUESTIONS

The Round Table discussion raised a series of "unanswered questions" that can help provide a basis for future research and public policy inquiries related to the regulation, recruitment, retention, and training of family day care providers. These questions can also offer a framework for organizational, planning, and funding considerations.

Following are some examples of unanswered questions. The complete list of questions appears in Appendix E.

- What are the effects of regulating various components of family day care on the supply and quality of family day care, and what are the effects of varying levels of regulatory enforcement?
- In addressing recruitment and retention, what are the causes of turnover and can or should they be addressed?
- What are cost effective strategies for states, child care organizations, and government agencies to meaningfully support the quality and supply of family day care?
- When offering training, how can agencies balance cost-effectiveness and training goals?
- What measurement standards (including quality and cost per unit of service) can child care organizations use to demonstrate accountability to funders in their recruitment, retention, and training efforts?

VIII THE BOTTOM LINE

The current under-funding of the child care system results in increased competition for limited resources, while primary child care needs -- affordability, availability, accessibility, and quality of care -- have not been sufficiently met. Many parents complain about the high costs of care and struggle to pay their child care bills, or seek less expensive, unregulated options. In addition, many family day care providers do not earn a living wage and ultimately leave the field for more lucrative career options. Others resort to increasing their incomes by caring for too many children, reducing the quality of care.

The children are the unwitting victims of this situation. They spend long hours with underpaid caregivers and suffer the loss when providers and other children move in and out of their lives on an all-too-frequent basis. It is their needs that must primarily determine the solutions to the child care crisis.

The child care issue is rooted in a more fundamental question: how do we increase the child-centeredness of our culture? The broadest coalition of child advocates is needed to increase support for children and expand the services they so desperately need.

ENDNOTES

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24. Resources for Child Caring. (1989). Family Child Care Business Series, listed in Annotated Bibliography of Resources, Section III. Training Materials, B. Materials on Specific Topics in this document.

25. Children's Defense Fund (1989). A Vision for America's Future: An Agenda for the 1990's: a Children's Defense Budget.

Appendix A:
Participants at the Family Day Care Round Table

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Merle Lawrence
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Corrine Levine
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Bank Street College of Education

Penelope Putnam
Family Day Care Coordinator
Capital Region Education Council

Bonnie Raines
Resource & Referral Coordinator
Child Care Choices

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Neighborhood Child Care Initiative
Child Care, Inc.

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Sally Vogler
Associate Director
Work & Family Consortium

Kathy Wallace
Business Development Coordinator
Eastside Community Investments, Inc.

Pat Ward
Project Director
National Family Day Care Project
National Council of Jewish Women

Nick Wechsler
Director
Child Care Initiatives

Liz Werthan
Resource & Referral Coordinator
Child Care Choices

Edward Zigler
Director
Yale Bush Center

Appendix B:
Discussion Questions From
The Hard Questions In Family Day Care
Round Table

These questions formed the agenda for the Round Table discussions. Please note that the question categories differ somewhat from the major section headings in this document.

REGULATORY ISSUES:

What regulations should be established to meet the needs of children, taking into consideration the present economic realities and the economic survival/success of family day care providers?

In what specific ways do resource and referral agencies and organizations coordinating family day care networks become regulatory agencies when the state has limited or no regulatory policies governing family day care? How does this regulatory role operate/conflict with other agency roles (such as recruitment and retention efforts)?

To what extent do existing regulations conflict with recruiting new family day care providers and/or bringing existing providers "into the open"? What strategies help to reduce these conflicts?

What strategies are effective in enabling the regulatory systems/agencies to meet the additional demands created by recruitment campaigns?

RECRUITMENT, RETENTION, AND TRAINING:

What methods are effective in recruiting providers?

Should recruitment practices be targeted to particular sub-groups? If so, how are these sub-groups determined? In what ways are recruitment strategies altered to address these sub-groups?

How long should providers stay in the field for recruitment and retention efforts to be cost effective?

Do the recruitment, retention, and training services provided and the subsequent outcomes justify the investment of staff, time, and money? How is this evaluated?

How are the services which are most effective and efficient being funded, institutionalized, and/or replicated?

What are the critical content (by category), form, and modes of delivery of effective training? Which if any forms of short term training bring about change? How is this determined/measured?

RELATED METHODS TO SUPPORT QUALITY:

What is quality family day care?

How are family day care providers screened during recruitment and retention efforts? How are inappropriate candidates and providers counseled out of the field?

What techniques and/or supports help to sustain good providers in the field?

How is the effectiveness of training evaluated in terms of increases in the quality of care?

What are the professional responsibilities to help parents differentiate what is quality care if this knowledge is likely to make them dissatisfied with the available choices?

On what criteria beyond price, openings, and location are parents and providers "matched"? How, if at all, is this process different for public and corporate clients? Should it be?

How can a major public relations campaign to increase the recognition and status of family day care be effectuated and sustained? What are the messages to be conveyed?

ORGANIZATIONAL AND PLANNING CONSIDERATIONS:

What kinds of organizations within what types of agencies/organizational structures are most effective in delivering services to family day care providers?

What are the needs for and nature of networking and cooperative efforts among agencies/organizations serving day care providers?

What kinds of competition exist among agencies/organizations? To what degree is this competition productive? Harmful? What structures or mutual efforts make competition more productive for agencies and resultant family day care outcomes?

What specific data are useful to report within what time frames? For what purposes are data effectively used?

FUNDING ISSUES:

What are the public and private sources for funding family day care? What is the current funding pattern? What strategies can be used to increase funding from these and other sources? What are the barriers to these efforts?

What are the challenges and opportunities created by public/private partnerships?

What methods can be used to increase family day care options for all families and avoid maintaining a two-tiered system in which low income families pay low wages to low income providers of child care?

To what degree is there competition within the family day care community of providers and families to use funds to defray day care costs vs. increase supply and/or quality?

Appendix C:
Profiles of Programs Represented at the Round Table (Data Collection 1989-1990)

National Family Day Care Project

Address: National Council of Jewish Women
Center for the Child
53 West 23rd Street
New York, NY 10010

Phone: (212) 645-4048

Contact Person: Pat Ward, Director

The National Family Day Care Project (NFDCP) is a joint effort of the Center for the Child and the Program Services Department of the National Council of Jewish Women. Launched in 1988, this three-year initiative has been designed to pioneer effective roles for volunteers and other community groups to increase the quality and supply of regulated family day care.

In 30 communities in 20 states, NCJW volunteers are implementing NFDCP demonstration projects which include: recruitment and orientation of family day care providers; development of resources for providers; community education campaigns; and zoning advocacy. These model projects are being disseminated to other communities through the NCJW network and other community-based organizations.

On the national level, the NFDCP has created technical assistance materials to assist local family day care initiatives and has expanded the role of community groups in the child care arena. In 1990, the NFDCP received a citation as part of the President's Volunteer Action Awards for its nationwide mobilization of volunteers. Yale University's Bush Center in Child Development and Social Policy and Bank Street College of Education's Research Division are evaluating the effectiveness of the NFDCP.

Both locally and nationally, NFDCP efforts have been developed in coalition with public and private sector leaders. By bringing together traditional and untraditional partners, the NFDCP seeks to foster community development through the cooperation of a broad base of organizations and agencies.

The Bush Center In Child Development
And Social Policy At Yale University

Address: P.O. Box 11A Yale Station
New Haven, CT 06520

Phone: (203) 432-4569

Contact Person: Matia Finn-Stevenson

The Bush Center in Child Development and Social Policy (Bush) at Yale University was founded in 1976 on the premise that sound public policy can improve the lives of America's children and families. To meet this goal, the Bush Center trains students in the various processes by which policy decisions are made; conducts research relevant to social policy decisions; and attempts to increase public awareness of problems facing children and families. The Bush Center functions as a resource and training center for scholars at various academic levels, as well as for state and national policy makers.

Each year, the Bush Center awards fellowships to pre- and post-doctoral students, and mid-career professionals. Bush faculty and fellows engage in a wide variety of policy research and program development in several areas including child safety, child care, child abuse, family support, teenage pregnancy, and work and family life issues. The Center's faculty and fellows collaborate with United Family Federation and other organizations in conceptualizing and implementing programs in these areas.

The Bush Center sponsors weekly informal policy meetings and seminars and colloquia on a variety of social issues. In the past several years the Bush Center held a national conference on the role of the media in the prevention of child abuse. It has also convened a Blue Ribbon Committee to study and make recommendations on a parental leave policy in the United States.

The Center's Section in Media and Public Education disseminates information on child and family life through the popular media. Its Section in History and Social Policy provides historical perspectives on a variety of current social issues.

Directed by Professor Edward Zigler, the Bush Center includes a multidisciplinary faculty. It is one of three centers; the other two are at the University of Michigan and the University of North Carolina.

Program Name: California Child Care Initiative
California Child Care Resource
and Referral Network

Address: 809 Lincoln Way
San Francisco, CA 94122

Phone: (415) 661-1714

Contact Person: Merle Lawrence, Project Director
Delores Williams, Project Coordinator

1. **Goals and objectives:**

The primary goal of the California Child Care Initiative is to increase the supply of quality licensed child care in communities statewide. This is accomplished by:

- funding community-based CCR&Rs to recruit, train, and support new and existing child care providers to build a consistent, stable, quality child care system;
- enhancing the self-image of family day care providers;
- creating a positive public image of family day care;
- building the capacity of local child care resource and referral agencies;
- developing ongoing working relationships among CCR&R's, day care associations, and public and private agencies.

2. **Auspices:**

The California Child Care Initiative is a project of the California Child Care Resource and Referral Network, a non-profit, public organization founded to support and promote child care resource and referral services. The Network membership presently consists of 65 state-funded CCR&R programs.

3. **Funding:**

The Network's 1989 annual budget was $650,000. The sources of funding include public foundation-donor advised (36%), fees for corporate contracts/consultations (33.5%), private/corporate foundations (13%), state contract (9%), and dues, publications, and special events (8.5%).

The California Child Care Initiative monies total $3.277 million raised between 1985-89 to fund planning and development, Network activities, replication, publications and 20 projects. Of this total, 35% represents 10 public sector contributors (federal, state and local government) and 65% comes from 23 private sources (private, community and corporate foundations and corporations).

4. Staffing pattern:

In 1989, the ten-member full-time staff of the Network consisted of an executive director, an office manager, a clerical support person, three programming managers, two program associates, one fiscal administrator and one CCR&R counselor.

The executive director coordinates fund-raising activities, manages public policy and legislative agendas, and coordinates planning and project management in addition to working with Board Committees and community organizations. Program managers are responsible for the coordination, administration and planning of major agency projects such as the Child Care Initiative and corporate contracts. Program associates perform various functions which may include managing the day to day activities of projects, program and fiscal monitoring, agency training and technical assistance for member CCR&R's, and data collection and reporting. The agency's fiscal administrator acts as the business manager including budget preparation, fund accounting, and reporting activities in collaboration with the executive director and program managers.

5. History

The advent of state funding for CCR&R in 1976 prompted the creation of the Network to serve as an informal support organization for the eleven established and newly developing CCR&R organizations.

Between 1976-1980, state funding for CCR&R grew dramatically, bringing the total number of CCR&Rs to 40 statewide and creating a constant and increased demand for CCR&R training, technical assistance, and advocacy at the state level.

Private foundation grants in 1980 provided the seed money to establish and formally incorporate the Network as a statewide organization. It has become the only statewide child care organization in California which has regular contact with all public and private sectors of the child care provider community, as well as consumers across all socioeconomic strata.

In 1983, a final round of 15 CCR&Rs were funded in rural areas, bringing the total Network membership to 65 CCR&Rs serving California's 58 counties. Together, they handle over 220,000 child care referrals annually and manage referral files listing over 30,000 licensed child care providers statewide.

Since 1980, the Network has initiated several major social research/policy and service delivery projects including:

- establishment of statewide data collection systems for child care demand (1983) and licensed supply and regional market rates (1986);
- surveys of family day care regulation (1983);
- research and policy papers on the impact of welfare reform in child care (1982);
- development and distribution of child abuse prevention training materials (handbook and videos) to all licensed providers and implementation of regional training of trainers conferences for CCR&Rs (Partners in Prevention; 1986-88).
- compiling and publicizing a public information package, The Child Care Information Kit, a capsulized portrait of unmet child care needs and services based upon a five-county survey.

The last above-mentioned project identified the area's most significant child care problem as the shortage of available child care services. This led to meetings with Rosemary Mans, then Vice President of BankAmerica Foundation, who shared the group's interest in addressing the child care shortage on a statewide basis. The result was the creation of a public-private partnership of federal-state-local government, foundations and corporations to form The California Child Care Initiative. Its goal is to work with the state's existing infrastructure of CCR&R agencies to develop and test a replicable model to expand the availability of high quality child care with potential for longevity and professionalism.

The Network was delegated as the statewide organization to design and manage the program, develop training and recruitment materials, evaluate the outcomes and provide training and technical assistance to the 20 CCR&Rs funded to implement the program.

In 1988, with initial funding from the Ford Foundation, the Initiative launched a replication phase to extend the program to other California CCR&Rs based upon the same public-private partnership effort. Funding is organized so that local public-private-sources will contribute 50% of project costs to be matched by incentive grants from the Initiative fund. In addition, The Network has developed an integrated package of fund-raising tools to inform a broader national audience about The Initiative.

6. Region's demography:

The state of California has a diverse population of over 23.5 million people (1980 census). The Network's 65 member CCR&R agencies are located in urban, suburban and rural communities throughout California, serving all 58 counties. California's CCR&Rs provide services to all families regardless of income and maintain referral services and publicity sensitive to diversity in cultural and linguistic needs.

The 20 California Child Care Initiative project sites have been located primarily in urban and suburban communities which include a socioeconomic mix of families who can afford to pay prevailing market rates for child care. The most successful target communities have been areas of rapid population growth, new housing and expanding local economies which create demand for new child care services. The Initiative also includes a Rural Demonstration Project in four northern California counties to test and adapt the supply building model to serve rural and developing areas.

7. **Client demography:**

Outcomes of the project's evaluation research and day to day experiences with 2000 recruits suggest that the "profile" of potential family day care providers has been changing. A decade ago, most providers were women with an employed spouse, older children, and little or no work experience outside the home. Initiative recruits, on the other hand, have been generally younger, and were motivated to enter the profession by both the caregiving aspects of the field and by economic need. Although the recruits were diverse in age, socioeconomic status, and cultural background most were white, in their mid- to late-30's, married with one or two children, high school graduates with some college experience, and with a family income in the median range ($20,000 to $35,000 in 1986 dollars). Twenty percent were single heads of household, many of them parents. Educationally, seven percent had not completed high school, nineteen percent had graduated from college. Thirteen percent had an annual family income of $10,000 or less in 1986; another thirteen percent of families earned $40,000 or more.

One of the Initiative's most significant findings was that nearly two-thirds of its recruits have been employed during the past year. Many were mothers who had recently left the work force upon the birth of a first or second child, deciding to make family day care a second or temporary career. Seventy-eight percent of the recruits described family day care as an opportunity to stay home with their own children. Nearly half the recruits at some time have been employees or volunteers in an early childhood program. Seventy-five percent had already completed some training or course work in child development or child care. Eighty percent were new to the job of caring for a group of children in their home full-time, demonstrating the importance of the Initiative in enabling these recruits to start their own home business.

8. **State Regulations:**

The Department of Social Services-Community Care Licensing departments at the state and local levels have been an essential component in the Initiative partnership. Staff of licensing offices have implemented one of the most effective recruitment strategies, distributing recruitment materials and explaining Initiative services to potential recruits attending licensing orientation meetings. Licensing evaluators have also acted personally as recruiters, encouraging applicants to avail themselves of project start-up assistance, pre-licensing home visits and family day

care training classes and workshops. The State Department of Social Services has been an active partner in the Initiative's state advisory committee supporting the program at state and local levels.

Deterrents in the Licensing Process

Local zoning of larger family day care programs serving 7-12 children has been problematic in many California communities despite state law which considers family day care a residential use of property for zoning purposes. Also, conditional use permit costs and restrictive covenants - particularly in new housing developments where recruitment of new providers is essential - have presented new problems to be addressed by CCR&Rs and provider associations.

Despite attempts to keep the licensing process streamlined and timely, the regulating process is slowed by local licensing staff turnover which causes delays in processing applications and state-level child abuse registry checks. This results in recruits becoming discouraged and dropping out of the licensing process altogether. The State Department of Social Services Child Care Ombudsman program has worked with the local CCR&Rs, the Network and state legislators to try to remedy these licensing roadblocks.

9. **Services:**

The Initiative is based upon a five-part supply building model:

- assessing child care supply and demand and targeting shortages of care in specific areas;
- recruiting individuals who have the potential to become licensed family day care providers;
- training those individuals to deliver quality care and effectively manage a small business;
- providing technical assistance to help them get licensed and into operation;
- providing ongoing training and support to help them stay in operation (retention).

From October 1985 - 1989, the twenty Child Care Initiative projects have succeeded in using this model, recruiting over 2000 new licensed family day care providers and thereby creating more than 8100 spaces for children birth-12 years. In this same period, the projects have conducted training activities for over 8800 potential, new and experienced family day care providers, as well as child care center staff, early childhood education students, parents and others. These training activities include family day care management classes, start-up/orientation workshops and workshops on topics of special interest to new and developing providers.

Options, flexibility and sensitivity to accommodate to individual recruits as well as local needs and resources play a key role in the success of the Initiative. The combination of local resources and project services delivered within the framework of

the Initiative's five-part supply building model has emerged as the most successful strategy.

For example, the CCR&Rs offered different types of training experiences (accredited 6 week community college classes, two-part start-up workshops at the CCR&R or monthly support groups) in different kinds of settings (home visits, college classrooms and internships at child care centers). A variety of schedules (weekday evenings or Saturday classes) were offered with different kinds of trainers (peer provider trainers or CDAs). Interspersed with regularly scheduled classes and workshops were special training opportunities such as family day care conferences, family day care home tours, "stay 'n plays" in local parks and toy van visits in provider's homes.

Offering this variety of outreach, training, publicity, technical assistance, incentives and ongoing support enhance different recruits' interests in and capacity to become licensed providers. The outcome is the creation of a diverse child care supply to respond to the range of consumer preferences and needs: small and large groups, single and mixed age groups, structured and family-oriented programs.

10. Program materials:

The California Child Care Resource and Referral Network has developed technical papers on effective program strategies and CCR&R roles as well as recruitment, training and publicity materials. These include A Guide to the California Child Care Initiative (a technical manual for replication), Family Day Care Handbook (used in training providers), Helping Family Day Care Providers Stay in the Business: Retention Strategies from the California Child Care Initiative, and The California Child Care Initiative Storybook and video (fund raising and publicity tools). A publication list detailing current materials which can be purchased from the Network is available upon request.

11. Replication:

In January 1988, support from the Ford Foundation and other Initiative funders allowed the Network to launch the replication phase of the Initiative, which provides for sharing of strategies on child care supply building throughout California and in selected states. These strategies focus on the role of local CCR&Rs and community and government agencies; the development of public/private partnerships for funding and program implementation; and the Initiative's five-part supply building program.

Selection criteria for replication sites center on a site's capacity to maintain the integrity of the five-part supply building model, create a viable public/private funding partnership and utilize CCR&Rs in the planning and implementation of the supply building program.

In October, 1989, the Initiative launched eleven new replication sites in California which have raised $223,000, which represents half of their total project costs, from local businesses, public agencies and corporations.

In 1990, programs modelled on the California Child Care Initiative will be established in Michigan and Oregon with lead funding from the Ford Foundation and state governments.

Program Name: Career & Child Care Choices
CHOICE

Address: 125 South 9th Street, Suite 603
Philadelphia, PA 19107

Phone: (215) 592-7644

Contact Person: Elizabeth Werthan,
Executive Director

1. **Goals and objectives:**

   The program goal of this three-year project was to increase the availability of quality child care in the Philadelphia area by: recruiting, screening, training and establishing new family day care providers; improving the skills of providers; supporting and educating consumers; and advocating for quality child care.

2. **Auspices:**

   Career & Child Care Choices functioned under the auspices of CHOICE, a private, not-for-profit agency providing community education, as well as information and referral services about reproductive health care, AIDS and child care.

3. **Funding:**

   Funding sources in 1988 for the total organization include: 41% government contracts; 25% foundations; 10% Women's Way (a fund raising coalition of women's agencies); 7% corporate contracts; and 17% other (bequests, individual contributions and fees).

   The Career & Child Care Choices project was funded under a three year $727,000 grant from the William Penn Foundation. In 1988, $141,500 were expended.

4. **Staffing Pattern:**

   The agency staff includes an executive director; an associate director (responsible for development and financial planning); a business manager; a public relations coordinator; a child care resource and referral coordinator; a supervisor/provider resources manager, and five full-time CCR&R counselors; a reproduction health hotline coordinator; two mid-level managers; and nine full-time I&R counselors.

   Over the three years of the project, the Career & Child Care Choices Project staff included a project coordinator, a training coordinator, a career development specialist, and five community-based traveling advisors.

5. **History:**

The organization began in 1971. Child care resource and referral services were initiated in 1983 based upon multiple requests from the public and child care providers. Initial revenue sources included seed money from foundations and a contract with Work/Family Directions to provide CCR&R for IBM employees; local contracts with corporations followed in 1986.

The Career & Child Care Choices project began in 1986. Implementation of public CCR&R for Title XX recipients and other low income Philadelphia families was initiated in July, 1989.

6. **Region's demography:**

Philadelphia is a city of 1.5 million including 40% African-Americans and 11-15% Hispanics. Over 20% of the population is low income. The elderly population represents 15% of the population and is increasing.

7. **Client demography:**

The CCR&R served about 3000 callers in 1989. This included more than 300 child care providers or potential providers who requested information and technical assistance.

Over the three year program, the organization trained 344 new family day care providers residing in five low-middle income neighborhoods (including one Hispanic area). Each new provider is able to serve up to six children in addition to her own.

8. **Services:**

Child Care Choices, the CCR&R service, is available to child care providers, the general public, and corporate clients Monday-Friday from 9-5. Plans are underway to increase the staff for the CCR&R and to utilize the provider resources manager as a specialist to respond to providers' calls.

The services of the Career and Child Care Choices Project include recruitment, screening and career assessment, training, home visiting, resource and referral services, support groups, a newsletter, and non-credit as well as college credit courses. CHOICE plans to incorporate these services into the general resource and referral service when funding becomes available.

9. **Program materials:**

Materials include: a checklist on choosing child care; a brochure and booklet for potential recruits describing the training program; and project reports.

Program Name: Child Care Development Project (CCDP)

Address: Coastal Enterprises, Inc. (CEI)
Box 268 Middle St.
Wiscasset, ME 04578

Phone: (207) 882-7552

Contact Person: Jeannie M. Hamrin, Project Manager

1. **Goals and objectives:**

   The primary goals of this state-wide program are to stimulate the development of affordable, quality child care for Maine families and to assist individuals seeking economic self-sufficiency through the operation of child care facilities.

   The objectives include seeking to increase public and private resources for child care, supporting providers via technical assistance, training, providing financial assistance via a revolving fund, as well as coordinating with job training advocates.

2. **Auspices:**

   CEI is a non-profit 501(c)3 community development corporation that provides technical and financial assistance to assist expanding small businesses including those owned by women. CEI targets employment and training opportunities for persons with low-income.

3. **Funding:**

   The CCDP budget for its first two years of operation is $740,000 which includes 1/3 state, 1/3 foundation, and 1/3 CEI General Account monies; of this, $500,000 is in a revolving loan fund.

4. **Staffing pattern:**

   The staff includes one full-time project manager as well as several part-time employees--a fund raiser,two business counselors, student mentors, consultants, and trainers.

5. **History:**

   The parent organization, CEI, was founded in 1977. CCDP was established in October, 1988 with major funding from the state government and the Ford Foundation. It was founded in response to the increasing need for women in the work force and the lack of affordable quality child care slots.

6. **Region's demography:**

The state population of 1,200,000 including a city of 80,000; 2 cities of 35-40,000; 10 cities of 20,000; as well as rural residents. Most residents live in the south and along the coast.

7. **Client demography:**

The initial efforts of the organization include the funding of 21 family day care providers as well as 14 centers (both for profit and nonprofit).

The agency works with low-income and AFDC clients. Often training and technical assistance are most appropriately furnished on a one-on-one basis in response to individual developmental needs. Group training is also being offered.

8. **State regulations:**

Two-tiered state regulations coupled with other inequities create disincentives for providers to be licensed. Registered providers are permitted to care for more children than licensed providers because they are not required to include their own children in their child count. In addition, registered providers are allowed to participate in the Child Care Food Program (which in many states is limited to participation by licensed providers) and to receive state vouchers. A state committee dealing with licensing issues is investigating the use of incentives to attract more providers into the licensed sector.

9. **Services:**

The agency provides:

- One-on-one counseling, technical assistance and training for providers;
- Support to set up and/or enhance existing facilities, including a substantial revolving loan fund. A summary of cost data includes loans of $1,500 - $150,000 for a total CEI commitment of $852,000 with leveraged amounts of over $2,000,000.

Agency services are offered at many "odd" hours because potential providers frequently have traditional jobs and need to meet after 6pm. The office is open from 8am-5pm Monday through Friday and by appointment.

10. **Program materials:**

A Handbook for Child Care Providers is in the development phase. The program communicates with clients on a regular basis by telephone, on-site visits, group meetings, and training sessions.

11. Replication/Special Issues

This program is unique in its ability to take clients at their present functioning levels and offer them meaningful one-on-one assistance.

Additionally, it makes a major financial commitment to many of its clients in the form of a revolving loan fund and has taught the clients how to utilize debt capital, deal with the world of finance, and stabilize their cash flow. It is unique in that not one loan recipient has defaulted.

Program Name: Child Care Partnership

Address: 1820 Regal Row, Suite 100
Dallas, TX 75235

Phone: (214) 638-5454

Contact Person: Susan T. Lund,
Executive Director

1. **Goals and objectives:**

   The Child Care Partnership seeks to improve the quality of child care in family day homes through a voluntary training and accreditation program. Current annual objectives are to offer two training courses through branches of the community college system, to train 120 providers and to newly accredit 40 providers. The agency strives to train and accredit a diverse population of new providers including at least 40% of low income.

2. **Auspices:**

   Initiated in 1985, Child Care Partnership is an independent non-profit advocacy organization to support quality child care. In addition to center and family day care home accreditation programs, it also jointly owns and operates (with Child Care Dallas), the public access CCR&R service for the Dallas/Fort Worth area.

   The child care center accreditation program was initiated in 1986, CCR&R was added in 1987, and family day care home accreditation was begun in 1988. Public awareness and advocacy have been on-going components of the program. A major change in the family day care home program occurred in the spring of 1989 when the Partnership's training program was placed with the Dallas County Community College District.

3. **Funding:**

   The agency's projected annual budget for FY '91 is $839,000 which include the following funding sources: 53% private/corporate donations, 31% foundations, and 5% United Way, and 10% local government.

   The projected annual budget for FY '90 for the Family Day Care Home Program is $138,000, which includes: 96% corporate, and 4% training fee income.

4. **Staffing pattern:**

The Partnership includes: one full-time executive director, one full-time business manager, one full-time Program Director, two full-time Program managers, two full time program coordinators, one full-time CCR&R specialist, and three full-time secretaries. Volunteers also participate in providing CCR&R services.

5. **History:**

The Partnership was established in 1985 to promote quality child care for all children through the implementation of a voluntary accreditation program for family day care homes and child care centers. Initiation of the family day care home accreditation program in 1987 was based upon the successful establishment of a center accreditation program and a major grant from Mervyn's to fund the development of the program. The process of implementing the family day care home accreditation program included the creation and testing of the Family Day Home Assessment Instrument (Summer 1987-January 1988) and the training of Validators (January - February 1988). The first provider training session, a 12-week course, followed the development of training materials (February - May 1988). The first Family Day Home Accreditation Commission met to formally accredit providers in September, 1988. Since that time the course has been revised to a six week, 36 hours course and has been offered twice a year at multiple community college sites. A total of 65 providers have been accredited, and 149 providers have completed training.

6. **Region's demography:**

The program serves the Dallas County area, which has an estimated population of 1,838,250. The population is 74.1% Caucasian, 18.5% African-American, 9.9% Hispanic, and 7.4% other groups. The per capita income in Dallas County is $17,545.00.

7. **Client demography:**

Approximately 18 providers participate in each of the training site courses which are offered twice annually at multiple community college sites. About 44% of these have been low income persons as defined by HUD guidelines. Recruits include inner city and suburban residents. Sixty -five providers have been accredited. All child care providers (both accredited and non-accredited) can become "subscribers" to the Child Care Partnership and receive regular mailings and opportunities to participate in training.

8. **State regulations:**

Texas standards have recently been revised, making care givers qualifications more stringent. Providers can care for up to 12 children)depending upon their ages), 20 hours of training is required annually including CPR and first aid. This year the State applied for and received federal funding to initiate monitoring 20%

of registered providers. The States hope to receive State funding for monitoring in subsequent years.

9. Services:

These include recruiting new providers and offering a 36-hour (6 week) training program twice annually. Recruits are given technical assistance via telephone and at least two home visits during the training to support the accreditation process. In addition, workshops and an annual full-day training event are offered to all provider subscribers (accredited and non-accredited). Scholarships are available to providers for additional courses and/or training workshops. Staff also arranges for validation visits and for commissions to review and accredit or defer child care programs (three times a year), re-accredits family day care homes (annually), and acts as advocates for family day care home providers. Child Care Partnership operates a public child care resource and referral service which refers to all registered family day care home providers and indicates if providers are accredited. CCR&R services are available 10:00 a.m. - 3:00 p.m. M-F, and 6:00 p.m. - 8:00 p.m. on Tuesday and Thursday evenings.

10. Program materials:

Staff has developed training materials and a notebook describing the accreditation program and processes but these are not yet available to the public - (write for more information).

Communication with subscribers is maintained through letters and memos regarding training, meetings, scholarships information, and related issues. Staff is available by telephone and regularly receives calls and questions from providers. Staff members also regularly visit day care association meetings to encourage new providers to become accredited and to offer workshops. Only those who providers who actively seek accreditation receive on-site consultation.

11. Replication:

Houston CCR&R is in the process of testing the accreditation component of the program.

The Child Care Partnership program is unique in its focus on accreditation and its incorporation of training and home visiting as integral parts of the accreditation process.

Program Name: The Connecticut Model:Public/Private/Voluntary Partnership with Services provided by Three Agencies

Address:	Capitol Region Education Council One Barnard Lane Bloomfield, CT 06002	United Way of Connecticut 900 Asylum Ave Hartford, CT 06105	The Teacher Center 100 Cold Spring St. New Haven, CT 06511
Phone:	203/242-8883	203/249-6850	203/776-5987
Contact People:	Ardith Crampton Early Childhood Director	Susan Norris Director, Child Care Services	Corinne Levin Director

1. **Goals and Objectives:**

   Working in collaboration, three agencies provide a comprehensive CCR&R which seeks to meet the needs of Connecticut families for affordable, high quality child care and assist them in balancing work and family responsibilities.

   Its family day care services aim:

   - To have family day care training included as part of the continuum of training for early childhood professionals;
   - To enable family day care providers to have access to educational and support systems through programs offered by these and other organizations;
   - To recruit and provide basic pre-service training in identified areas of need and for specific populations.

2. **Auspices:**

   The Capitol Region Education Council (CREC) is a public education agency. The United Way of Connecticut is a private, nonprofit agency of the voluntary sector. The Teacher Center is a private, non-profit education agency.

   CREC and United Way work together under the umbrella of the Connecticut Consortium for Child Care, a public/private/voluntary partnership which includes state agencies and private corporations in addition to the United Way and CREC.

   The Teacher Center is a private, nonprofit organization serving early childhood educators, teachers and parents.

3. **Funding:**

The basic CCR&R administered by United Way (which collects data on all regulated child care and offers information and referrals to families needing care) is funded by the Connecticut Department of Human Resources ($400,000) and private corporations ($250,000) resulting in an annual budget of $650,000.

The Capitol Region Education Council offers training to regulated family day care providers across the state through CARE Connection, a program funded by the Connecticut Department of Human Resources ($145,000 annual budget).

Family day care recruitment and pre-service training services are funded by corporate contracts via the Connecticut Consortium for Child Care. The monies for recruitment and pre-service training are approximately $40,000 annually.

The Teacher Center Family Day Care Project (including a phone advise line and the development of training materials) is funded by the CT. Department of Human Resource ($66,200 budget for 1989-90).

4. **Staffing Pattern:**

United Way INFO LINE (the basic CCR&R) is also a generic I+R Service. It has six offices and fifteen staff members (telephone counsellors) across the state.

CARE Connection, the family day care training program which serves regulated providers across the state has a part-time director and three part-time trainers (each working 20 hours per week).

The Connecticut Consortium for Child Care's family day care recruitment and pre-service training program includes one full time director (who spends 20% on this project) and two part-time trainers (35% on this project).

The Teacher Center Family Day Care Project is staffed by a director (62% on this project), five part-time Phone Advisors who are early childhood professionals, and a part-time secretary and bookkeeper.

5. **History:**

The Connecticut Consortium for Child Care initiated a basic CCR&R staffed by CREC and United Way in 1982. Recruitment and pre-service training of family day care providers began soon thereafter to address the unmet need for child care services.

Recognizing the need to improve the quality of regulated family day care and to increase the rate of retention of providers, the Connecticut Department of Human Resources (DHR) funded two training programs in 1986. CREC was funded to develop and implement a state-wide family day care training and technical assistance

program, CARE Connection. Because monies for this project have remained static, the program has sustained some staff reductions over its three years of operation.

Therefore, the program has presently limited its emphasis to the western and central portions of the state and offers only occasional workshops and technical assistance to family day care associations in the eastern part of Connecticut.

The Teacher Center Family Day Care Project was also funded by DHR in 1986 to support family day care providers via its phone advise line and the development of training materials. Funding for this project has also been static; as a result, although services have not been reduced, the development of new materials has been limited.

6. **Region's Demography:**

Connecticut, the most affluent state in the nation, has a population of approximately 3,233,000 (1988). In 1980, the State included 7% African-American and 4% Hispanic residents. Although the state's poverty level is approximately 8% of the total population. In 1979, this included 7.5% of all white children (living in poverty), 33.7% of African-American children and 43.3% of hispanic children. The major cities are centers of poverty, ringed by more middle to upper class suburbs.

7. **Client Demography:**

In 1988-89, INFO LINE responded to approximately 38,000 requests for child care. It maintained up-to-date information on all 4,067 registered family day care providers and 1,398 child care centers in the state.

Family day care recruitment efforts in 1988-89 included 10 outreach sessions and four 3-part training series. One hundred twenty five participants attended these sessions. Presently over-burdened licensing staff are unable to complete the regulatory process in a time span that allows for accurate follow-up of these participants by recruitment staff.

The CARE Connection program, although static in funding, has increased its effectiveness in serving providers. In 1986-87 technical assistance was furnished to 1,400 providers and a total of 650 providers attended the 58 workshops offered across the state. In 1987-88, 2,192 providers received technical assistance and 75 workshops were offered with a total of over 1,100 participants.

The Teacher Center Family Day Care Project has provided services to providers across the state. From September 1986-December 1989, the Phone Advise Line responded to over 2,700 calls including 1,778 from registered providers, 354 from those unregistered or in the process of registration, 554 from parents, agencies and staff of day care centers, and 665 from previous callers.

8. Services:

United Way INFO LINE provides CCR&R and generic I+R services Monday - Friday. The three offices serving the most populous areas offer services weekdays on a 24 hour per day basis. The other three offices are usually open from 9 a.m. to 9 p.m. All regulated child care providers are contacted approximately every four weeks to maintain accurate data about openings and other pertinent information.

Recruitment outreach sessions and a start-up training series for new providers are offered by CREC in each trainer's geographical area at least once a year. A wide range of workshops on child development, appropriate activities for children in family day care, business and communication skills and related topics and provided in different locations in each trainer's area on an ongoing basis from September through June. These are often held in cooperation with the local family day care association.

Technical assistance is available from the main office from 8:30-4:30 five days a week and from each trainer's home as requested--often seven days a week. Trainers operate from their residence, a home-to-family day care home model that enables the program to serve four (of six) regions of the state.

Services are provided to family day care associations includes completing one mailing a year for each association during its annual membership drive. In addition, if staff are unable to provide a workshop on a topic requested by an association, CARE Connection funds are used to hire a consultant to address the need. Because of limited funds, a maximum of two consultants are hired per association to meet these special requests.

CARE Connection staff work closely with family day care associations and has supported the creation of a state-wide Family Day Care Association Network. Ongoing support and technical assistance as well as copying and mailing services are provided for the Ct. Family Day Care Associations Network by staff members.

Staff assists providers who wish to start new associations by doing initial mailings to all regulated providers in the target area and by assisting with creating by-laws etc.

A quarterly newsletter for family day care providers is developed by CARE Connection with active participation by providers and mailed (by DHR) to every registered provider in the state.

Under the auspices of the Connecticut Consortium for Child Care, representatives of each involved corporation participate with staff of United Way INFO LINE and CREC as well as representatives of state agencies involved in child care services (the State Departments of Human Services, Health and Education) in quarterly board meetings. These provide opportunities to education board members about the value and importance of family day care services to their employees as well as to share new and developing personnel and related policies that support employees in combining work and family responsibilities (for example, specific family leave and child care reimbursement policies).

The Teacher Center maintains a telephone advise line (800 number) from Monday-Friday from 1:00-5:00 p.m. It is especially valuable in responding to providers whose long working hours and/or geographic isolation prevent them from utilizing other supportive services. The phone advisors research topics of concern and counsel providers on a confidential basis. Data from a log maintained by staff are used to identify unmet provider needs which may be addressed by future material development.

Two videos developed by the Center for providers are distributed via public and local access television as well as a library operated by DHR. Four public service announcements to enhance the image of family day care and recruit new providers have been developed and distributed to local television stations.

9. **Program Materials:**

The CCR&R distributes its Handbook on Choosing Child Care (which was developed with corporate funds) to its corporate clients' employees. These are made available at Child Care Fairs and/or workshops provided at corporate sites as well as individually to employees seeking child care.

The CARE Connection newsletter is developed quarterly and distributed to all registered family day care providers in the state by DHR.

Recruitment information and a Pre-service Training Checklist have been developed by CREC for new providers incorporating information about Connecticut registration requirements, business skills as well as taxes and liability insurance available to Connecticut family day care providers. This packet of information is updated for each training series to insure its accuracy.

Two videos, "What is Family Day Care?- Let's Plan" and "-Let's Play", have been created by the Teacher Center for use by individual family day care providers as well as by trainers in group meetings. The Teacher Center also has developed a "Let's Play" booklet and a series of topic sheets of interest to providers. These as well as an extensive library of printed materials are available to providers on request.

10. **Replication/Special Issues:**

Connecticut is one of the first states to implement a state-wide CCR&R based upon a public/private/voluntary partnership.

In 1986 when CARE Connection began, only a few family day care associations existed. In 1990, there are approximately 30 associations and new groups are forming on a regular basis.

CARE Connection staff is especially proud of their role in helping to establish CFDCAN (the statewide network of associations). Staff members strive to offer strong support to providers and associations by building and maintaining ongoing relationships with them. They hope to enhance their image as an effective

educational organization, supportive of providers, by increasing their funding to adequately serve the entire state.

The Teacher Center Family Day Care Project does outreach on a national basis to agencies interested in replicating its model.

These services are unique because they are a statewide, coordinated effort by three separate agencies supported by state (DHR), private (corporate) and voluntary sector (United Way) funding agencies to recruit, train and offer technical assistance to providers as part of a comprehensive CCR&R system.

Program Name: Eastside Day Care Homes Cooperative
Eastside Community Investments, Inc.

Address: 3228 E. Tenth Street
Indianapolis, IN 46201

Phone: (317) 633-7303

Contact Person: Kathy Wallace
Business Development Coordinator

1. **Goals and objectives:**

   The three major program goals are:

   - to offer opportunities for self-employment to 30 low income women at levels which can sustain their financial independence;
   - to increase the quantity and quality of family day care available in the Highland-Brookside neighborhood of Indianapolis;
   - to rehabilitate thirty units of rental housing to serve as family day care homes.

2. **Auspices:**

   ECI is a private, non-profit corporation. ECI's original goal was to build a day care center in its industrial park. Although land was available without cost, the anticipated operational costs of $65-$90 per child per week would not be affordable for neighborhood residents.

   A survey, completed in the summer of 1987 revealed that 90% of the neighborhood day care services were being provided in family day care homes. ECI refocused its efforts on the development of a support system for neighborhood family day care providers, Eastside Day Care Homes Cooperative.

3. **Funding:**

   The primary sources of first year funding include:

Source	%	Amount
City of Indianapolis	6%	$ 75,000
Private Foundations	15%	195,000
Debt	39%	505,000
Federal Government	40%	525,000
	100%	$1,300,000

This includes grants from the office of Community Services, Levi Strauss Foundation, Adrian Dominican Alternative Investment Funds, C.S. Mott Foundation, Lily Endowment Grant, City of Indianapolis' Community Development Block Grant, Department of Housing and Urban Development, and Neighborhood Development Demonstration Program Grant.

4. **Staffing Pattern:**

The staff of the project includes the president of ECI, who is responsible for overall program development; a business development coordinator working full-time to recruit providers; and a day care cooperative coordinator, who manages the day-to-day operations as well as the resource and referral services. In addition, three staff members have been hired on a short term basis. Two education consultants are responsible for developing curriculum for the training component and a day care practicum supervisor who will implement the training practicum for recruits.

5. **History:**

In 1985, the Technical High School Community Council, including representatives of eastside community institutions, churches, business, and parents, met to develop goals for the next fifteen years. A recently completed survey by the People's Health Center, which had studied economic conditions, transience, church attendance as well as health care needs was invaluable in the discussions. The survey data, coupled with census data and subjective analysis, identified an emerging problem: single heads of households with children, two thirds of whom lived in poverty.

Observing the trend of job creation and economic growth via self-employment, ECI Board of Directors initiated a study of the self-employment potential in the Highland-Brookside neighborhood.

In 1987, a survey supported by the Indianapolis public schools, businesses and churches was conducted among residents as well as those who work and/or worship in the eastside community. Thirty five percent of the respondents had left work or changed jobs because of child care. A similar number had left school or discontinued education due to a lack of adequate child care.

ECI continued to explore self-employment development as well as the eastside's cottage industry of unlicensed family day care providers. A Child Care Task Force began to meet regularly. Its members: ECI, the Indianapolis Public School, the Marion County Welfare Department, The Community Hospital, and the State Department of Public Welfare, were partners vital to program development. It continued to study the present status of family day care providers.

Several generalizations emerged from discussions with child care providers: they seldom saw themselves as owning a business; much of their income was unreported to maintain benefits and to avoid paying taxes; almost all would

welcome training to improve the quality of their care; with support and training, most could envision themselves as an owner of a family day care business: and most were significantly subsidizing the child care they provided (by low rates).

The studies resulted in the formation of The Eastside Day Care Homes Cooperative. In January, 1989,a business development coordinator was hired to recruit providers. By March, 31 candidates had been recruited for the Cooperative.

6. **Region's Demography:**

The Highland-Brookside neighborhood is a residential community of 28,000 people. This population lives in approximately 11,000 housing units which comprise the greatest proportion of land use in this neighborhood. Over the past two decades, Highland-Brookside has suffered from population loss, plant closings, and shifts in the manufacturing sector. The community population has dropped by one third over the past 30 years, while 1,000,000 square feet of factory space is idle, having once housed 5,000 employees. The community is much like a poor country with a balance of payments problem. Over half of the housing stock is owned by investors. Members of the community export a lot of money for rent, utilities, goods, and services which cannot be purchased within the neighborhood.

The community is characterized by poverty: 46% of all households have incomes of less than $7,500 a year. In 1980, mean family income for the neighborhood was $15,036 - more than 36% below the mean family income for the country. Twelve percent of the population which receives AFDC benefits in Marion County reside in Highland-Brookside.

Approximately one in four households is female headed with 42% of related persons under 18 years of age living in poverty. In 1980, minorities comprised 9.5% of the neighborhood population; current community estimate suggest that the minority population has increased to 20-25 percent.

About 40% of the community's population are under the age of eighteen. Census data define 46% of the 16-19 year old population as "dropouts"- - not enrolled in school and not high school graduates. In December 1987, Highland-Brookside's unemployment rates was 9.7%, nearly twice that of the 5.5% rate reported for all of Indianapolis. This is a reflection of the increasing gap in unemployment rate between high school graduates and dropouts.

7. **Client Demography:**

Of the thirty Cooperative candidates who have made commitments to this program, twenty-eight are women and two are men. They range in age from 18 to 47. Nineteen are white, ten are African-American and one is Latino. Seven are current Highland-Brookside homeowners; twenty-three are renters. Twelve currently receive some form of public assistance benefits; eighteen do not. Sixteen

candidates have not previously provided day care services in their homes. Fourteen candidates were providing day care in their homes prior to joining the program.

8. State Regulations:

State regulations regarding housing have had a significant impact upon the program plan. These requirements (including 35 square feet of indoor space per child; 50 square feet of outdoor space per child; and the screening of doors and windows) prompted inclusion of funds for the renovations of homes (for subsequent rental to providers) as well as the provision of financial assistance to provider-homeowners to meet state family day care standards. These housing requirements have been a major impediment for neighborhood providers to become licensed.

9. Services As Currently Developed:

The objectives of the Eastside Day Care Homes Cooperative are:

1. To offer an initial, mandatory training program in child care and small business management skills;
2. To develop a non-profit corporation, a resource and referral cooperative, which supports the self-employment of the family day care providers;
3. To create a curriculum for child care providers which can be continually offered as part of the Indianapolis Public School System's Adult Education/Vocational Education Program at Arsenal Technical High School, the neighborhood vocational school;
4. To remove significant barriers to the employment/education opportunities for other low income and single parent families;
5. To help providers to meet the requirements of licensing and insurance;
6. To support the development of safe, comfortable family day care environments.
7. To offer ongoing training in the areas of early childhood development, health and safety, food and nutrition, and business skills.

These objectives are implemented by several efforts. A training program for 30 participants has been designed to enhance the quality and reliability of child care services. From the group of 30, twenty-eight to graduated.
Thirty housing units are being renovated. These will become safe environments for eleven licensed family day care homes.

A cooperative for trained providers has been initiated to insure that quality standards are reinforced and to offer continued support to the providers as self-employed entrepreneurs.

In its first year, this program plans:

- to remove a significant barrier to economic opportunity for low income and single parent families;
- to contribute to the creation of 30 new businesses;
- to establish a business network that provides quality, affordable, regulated day care for about 150 children;
- to create 30 units of quality, rehabilitated housing;
- to upgrade housing stock and remove the blighting effect of vacant substandard properties; and
- to provide a structure to effect institutional changes through the work of a CDC in partnership with the public school system, the state and county welfare departments, and a hospital.

10. Program Material:

A recruitment brochure is available and the training curriculum is being developed.

Staff members communicate with providers weekly, sometimes by telephone but most often via home visits.

11. Replication:

The Day Care Homes Cooperative is a Demonstration Project in its first year of operation. Because this is a neighborhood project, as opposed to a city or state program, involvement and support from the community is necessary.

A unique aspect of this project is the development of safe, affordable housing to serve as family day care homes. This is accomplished by renovating and renting neighborhood homes as well as by assisting homeowners in meeting state family day care housing standards. Another unique aspect of the project relates to the educational level of the participants. Many programs require that recruits enter with a minimum of a 7th grade reading level; that is not required in this program.

Program Name: Jane Addams Hull House Center
Child Care Initiatives

Address: 3212 North Broadway
Chicago, Illinois 60657

Phone: (312) 549-1631

Contact Person: Mary Kay, Associate Director
Child Care Initiatives

1. **Goals and objectives:**

   The primary goal of Child Care Initiatives is to increase the quality and quantity of child care services throughout Chicago. In the last few years, efforts have focused on developing and maintaining quality child care for welfare recipients, a very needy population that was being overlooked as well as recruiting and training welfare recipients to become child care providers.

2. **Auspices:**

   Child Care Initiatives was initiated in 1982 as part of the Jane Addams Center, a settlement house/community center that also operates three day care centers serving 150 children as well as a food pantry, legal aid services and tenant's rights counseling. The Jane Addams Center is part of Hull House Association, a private, not-for-profit corporation.

   Child Care Initiatives has grown in size and scope through the years and now serves a wider geographic region.

3. **Funding:**

   The annual budget is $850,000 which includes 19% corporate fees, 75% government contracts, 4% foundation grants, and 2% fees for service.

4. **Staffing pattern:**

   The staff of ten full-time and five part-time employees includes: a full-time center director who spends 25% time raising funds and serving on advisory panels representing Child Care Initiatives; a full-time director of Child Care Initiatives; a full-time resource and referral director; two full-time and two part-time resource and referral counselors and data entry people; a full-time training director; a part-time training aide; and a full-time supportive services director leading a unit of five staff who offer home visits, counseling and technical assistance.

5. **History**

Hull House has a rich heritage. It was founded by Jane Addams in 1889 to address the needs of women who were leaving children home alone while they worked in factories for meager wages. The very first program at Hull House was Mary Crane Nursery, Chicago's first day care center. The mission of empowering women and stabilizing their families is reflected in all the programs developed at Child Care Initiatives. The staff are all working parents and/or day care home providers, enabling the program to keep in close touch with those it assists. Staff are hired directly from the communities served. The program aims to address the needs of all clients equally, regardless of income.

The recession of 1982 led to the first provider training, which was offered under a contract with JTPA funds. The first corporate contract in 1986 expanded the program to Metropolitan Chicago. In 1986 a major city voucher contract led to the program's doubling in size. Each of these growth spurts was due to strategic planning: being in the right place at the right time, and meeting and nurturing some creative bureaucrats.

6. **Region's demography:**

With a population of approximately three million, Chicago is the third largest city in the nation. The population is 50% African-American, 30% white, and 20% Hispanic.

7. **Client demography:**

On an annual basis, forty welfare recipients are recruited and trained to become family day care providers. In addition, technical assistance including telephone counseling, home visits, training sessions, and meetings are offered to over 300 family day care providers annually.

Approximately 150 child care referrals are made monthly, 80% for infant care in family day care homes.

The child care subsidy program provides funding for approximately 500 children of JTPA trainees, 30 children in Title XX, and 45 infants of teen parents each year. Within the family day care training program, trainees are 75% African-American, 15% white, and 10% Hispanic.

8. **State regulations:**

Group homes are needed to meet the demand for day care; group home legislation is pending. Unfortunately, training for family day care providers is not presently mandated by state regulations. Therefore, the program invests heavily in training to compensate for this lack.

9. Services.

The Family Day Care Provider Training Program offers an eight-week provider training course, approved by the Illinois Board of Education. It is free to women who qualify and is funded by government and private foundations. Stipends and child care services are available for women enrolled in the training.

The Child Care Resource and Referral Program serves Chicago and suburban parents at all income levels. The computer database has listings by Chicago and suburban zip codes for family day care homes, day care centers, after-school programs, and in-home day care providers. Parents who call the program speak with a counselor who assesses the caller's individual child care needs and refers the caller to appropriate services. The referral line charges fees on a sliding scale, payable after placement; the fee is waived for low-income parents.

The Subsidized Child Care Program is offered to teen mothers enrolled in Chicago public high schools, parents enrolled in JTPA training programs funded by the City of Chicago, and parents who are eligible for Title XX-funded child care.

Day Care Home Provider Support Services are offered to interested child care providers throughout the city. These services include counseling by phone, home visits, seminars, and group meetings for providers and the children in their care. Staff offer technical assistance on an individual basis; as a result, day care providers learn to maintain quality child care services and to sustain their economic self-sufficiency.

The Child Care Advocacy and Consultation program gathers, interprets, and makes available recent statistics and information about child care issues. Staff members use speaking engagements, public testimony, and publications to share their combined expertise and experience and to advocate for continued improvements in child care both locally and nationally. Consultation services help organizations and corporations to establish child care services and enable other agencies to adapt the services to the special needs of their communities. Recently, a federal demonstration grant made it possible for Child Care Initiatives to share its expertise with other agencies: training has been furnished to staff of local organizations as well personnel from as far away as Alaska and the Netherlands.

10. Program materials:

The agency communicates with clients on a regular basis by newsletter. In addition, a manual, "Increasing Quality Family Day Care", has been created for communities that are developing day care services and pamphlets are available for parents on how to choose child care.

11. Replication:

Lake County YWCA, Erie Neighborhood House, and North Avenue Day Nursery have all replicated parts of the program.

Child Care Initiatives' special contribution is its success in training unemployed welfare recipients to establish family day care homes. These new providers become economically self-sufficient and simultaneously furnish child care services which enable parents of 500 children each year to seek employment, thus further contributing to the economy.

Program Name: Louise Child Care

Address: 336 South Aiken Ave.
Pittsburgh, PA 15232

Phone: (412) 661-7340

Contact Person: Bill Hignett, Executive Director
Roberta Schomburg, Training Consultant

1. **Goals and objectives:**

   Louise Child Care strives to offer effective and efficient group and family child care programs that serve as models for the community. In addition, it works to increase child care services and resources in Allegheny County, PA and to enhance the quality of available services through the Agency's Comprehensive Day Care Resources Program.

2. **Auspices:**

   Louise Child Care is a private, non-profit agency. Originally, a settlement home serving unwed mothers and their babies, it altered its focus to child care during the day in response to changing community needs.

3. **Funding:**

   The agency receives funding from the state (60%); United Way (16%); fees and services from other agencies (24%).

4. **Staffing pattern:**

   The staff includes a full-time director, a full-time associate director, a group supervisor, a family day care supervisor, a marketing specialist, a director of training and consultation, an accountant, two clerks, two secretaries, five family day care staff members who provide placement and training services; 34 group supervisors and assistants who staff the child care center as well as 32 part-time members staff and five consultants.

5. **History:**

   Louise Child Care was established in 1904 by a Church group to meet community needs for infants waiting for adoption or foster placement.

   In 1955, in response to changing community needs, the Louise Child Care Program was created, for young children whose mothers worked or were in training. Regulations for the State of Pennsylvania precluded serving children under 3 years in

group care. Therefore, a family day care component was established in 1967 to meet the needs of working parents of infants and toddlers.

A research and training component was established in 1973, to train and evaluation family day care providers. In response to the increased need for child care services, the Comprehensive Day Care Resources was established in 1981 to provide resources and consultation to new child care programs.

6. **Regions's demography:**

Of the 800,000 residents of Pittsburgh, 30% are African-American and the City's median income is 21,000. Pittsburgh is located in Allegheny County where 1.8 million people live and the county's median income is $26,000.

7. **Client demography:**

Louise Child Care serves an array of clients with incomes ranging from less than $5,000 to over $100,000. However, the average family income of clients is $13,000. Many are covered by Title XX. The Louise Child Care Programs presently serve 600 youngsters, including 200 in group care and 400 in family day care.

Over 80 family day care providers participate in the agency's program. Thirty-four have worked with the agency for over 15 years.

8. **Services:**

The Louise Child Care Program includes:

1. A thirty-hour start-up training course for caregivers;
2. monthly home visits to family day care providers;
3. the provision of equipment necessary to meet state requirements (cribs, fire extinguishers, smoke detectors, infant car seats, etc.);
4. telephone technical assistance by child care specialists from 9:00 a.m. to 4:30 p.m; and emergency assistance available until 9:00 p.m.;
5. food reimbursement through The Child Care Food Program;
6. the collection of parent fees;
7. insurance coverage;
8. on-going 3-hour monthly workshops at the agency or in the providers' neighborhoods.

9. **Program materials:**

Louise Child Care has developed a variety of materials, including Louise Child Care Family Day Care Series: An Interpersonal Approach to Child Care (a training handbook) and Evaluating Home Based Day Care (an assessment tool for trainers). A list of materials is available on request.

10. Replication:

The child care center and family day care models have been replicated by the McKeesport School District in Pittsburgh, PA. Because of funding changes, this program is now administered by Louise Child Care.

Program Name: Neighborhood Child Care Initiatives Project
Child Care Inc.

Address: 275 Seventh Avenue
New York, New York 10001

Phone: (212) 929-7604

Contact Person: Nancy Kolben, Deputy Director
Cynthia Rowe, Director,
Neighborhood Child Care Initiatives Project (NCCIP)

1. **Goals and objectives:**

   The primary goal of Child Care, Inc. is to assure that good child care is available to every child who needs it, especially low income children and children in difficult circumstances.

   The main objectives of the agency are to provide child care resource and referral information to the general public and over 50 major corporations through the use of trained parent counselors; to offer training, technical assistance and support services to providers who work with young children; to assist employers in addressing the child care and related needs of their work force; and to organize advocacy efforts to influence child care public policy.

   A special family day care project, Neighborhood Child Care Initiatives Project, has been initiated:

   - to expand the availability of family day care, especially for infants and toddlers;
   - to increase access to care by creating family day care networks sponsored by local neighborhood organizations;
   - to improve the quality of care by offering training and support services to family day care providers directly or indirectly through local neighborhood agencies (sponsors).

2. **Auspices:**

   Child Care, Inc. is a private, non-profit child care resource and referral agency.

3. **Funding:**

Primary sources of funding currently are foundations, government grants, membership, corporate contributions, and corporate fees for service.

The 1989 budget was approximately $1.3 million.

4. **Staffing pattern:**

The staff of 26 includes an executive director, a deputy director, an assistant director, a director of the Neighborhood Child Care Initiatives Project (the project focusing on family day care), two outreach coordinators who implement the family day care project, a director of child care referral services (CCR&R), five parent counselors (CCR&R telephone counselors), three office support staff, a computer data technician, 1.5 fiscal staff, one volunteer, two student assistants as well as part-time consultants and special project staff.

5. **History:**

The Neighborhood Child Care Initiatives Project began in 1986 with initial funding from American Express and the Carnegie Foundation. Additional funding was secured from Chase Manhattan Bank, other corporations, and state start-up grants for family day care providers.

6. **Region's demography:**

The agency serves New York City whose population of over 7.5 million is extremely diverse both economically and ethnically.

7. **Client demography:**

In 1989, the Neighborhood Child Care Initiatives Project reported:

a. More than 550 providers were recruited to participate in the ten networks sponsored by neighborhood agencies;
b. More than 3000 child care spaces were developed by the networks;
c. 400 regulated and unregulated family day care providers attended workshops sponsored by CCI and the network.

These family day care network participants included 20% who had been providing child care and 80% who were new to the profession. Their educational level included 20% with a college degree; 60% with a high school diploma, and 20% who have not completed school.

8. **State regulations:**

New York state has a two-tiered regulatory system. Family day care homes are required to be licensed if they serve the state's social service Title XX clients. Providers who do not serve subsidized children are required to be certified.

9. **Services:**

The major activity of the Neighborhood Child Care Initiatives Project is an 18-hour training program for beginning providers which is offered by CCI or by the ten networks (each sponsored by a local neighborhood organization). Each of the networks is staffed by a network coordinator who receives technical assistance, consultation, and bi-monthly training from CCI staff (a training of trainers model).

The Child Care Food Program is also offered by CCI staff to all independent family day care providers in New York City who choose to participate.

CCI's "Family Day Care Hotline" Newsletter is published every two months and sent to providers participating in the networks.

The CCR&R is open five days a week to the general public and corporate clients. It provides assistance and counseling to parents seeking child care information and referral services.

10. **Program materials:**

These include How to Start a Family Day Care Home, Family Day Care: A Career in Child Care, A Provider's Training Handbook of Family Day Care Resources, Developing and Managing A Family Day Care Network: A How-to-Guide, and Family Day Care Hot Line (a newsletter).

11. **Replication/Special Issues:**

Inadequate funding for family day care coupled with a lack of public education about its value has had a major deleterious effect on increasing the number of regulated providers; many who presently offer care are not aware that licensing/certification is a state requirement. The agency is working to fill this void.

Program Name: Resources for Child Caring

Address: 450 North Syndicate
Suite 5
St. Paul, MN 55104

Phone: (612) 641-0305

Contact Person: Tom Copeland, Information Specialist

1. **Goals and objectives:**

   Resource for Child Caring is an organization providing leadership for high quality child care. The agency is spearheading an effort to create a shared vision of a child care system that incorporates quality, diversity of child care options and equal access to care, regardless of family income and background. It also provides services and strategies for meeting current and changing child care needs.

2. **Auspices:**

   Resources for Child Caring is a private, non-profit agency. In the past, its efforts reflected the concept of "one stop shopping." Now the agency is focusing on more limited objectives, a change related to increased competition, new players, and more limited resources.

3. **Funding:**

   The 1988-1989 total budget for Resources for Child Caring was $4.3 million, of which $2.4 million is pass-through subsidy monies and $1.9 million is the general operating budget. Of this amount, $240,000 is raised from individuals, corporations, and foundations. Approximately 63% of the income is earned through the sale of books and participant fees. Nineteen percent of the income is governmental (county, state and federal funding).

4. **Staffing pattern:**

   Resources for Child Caring employs 47 people, including one full-time coordinator of recruitment efforts in the Parent and Employer Services Division. This coordinator maintains one-on-one contact with new providers and administers start-up grants. The educational services division includes a part-time director who is involved in planning and contract management and a part-time training coordinator who organizes classes and contracts with the instructors. A full-time secretary acts as registrar and supports the department.

5. **History:**

The first service, the publication of training materials for family day care providers, began in 1979 under local government contracts. This publications department has grown into a $1,000,000 mail order business.

In 1982, federal cutbacks precipitated the merger of four non-profit agencies into the present agency, Resources for Child Caring. Since then, the merged organization has focused on earned income and new business management practices.

6. **Region's demography:**

St. Paul (300,000) and Ramsey County (460,000) are the major service areas. These are primarily urban regions within the larger Twin Cities (2,000,000). The population is mainly middle class including 7% minority.

7. **Client demography:**

Those served in one year include:

- Child Care Resource and Referral callers: 4,000 parents;
- Child Care Food Program participants: 700;
- Provider Training: 1,700 hours of participation by a total of 5,200 family day care providers;
- Sliding Fee clients: 220 parents;
- Purchasers of books: 37,000 (number of sales);
- Employer Consulting Services: 15 contracts per year;
- Number of family day care providers recruited: 49;
- Number of members of Early Childhood Directors Association: 215.

8. **State regulations:**

The state regulations include a training requirement which motivates providers to attend training classes. Strong standards and active licensing departments have improved the quality of child care service and complement/support agency services. The local family child care licenser has been a member of the agency's board for years supporting cooperative efforts.

9. **Services:**

The activities of the agency are numerous.

A. Training classes are offered year round; four nights a week, 2.5 hours a night. Classes range from 2-hour to 12-hour series. Each class enrolls approximately 20 providers.

B. Provider Helpline provides phone counseling and technical assistance on a variety of topics from discipline to tax assistance and is available 8:00 am - 4:00 pm, Monday - Friday.
C. Child Care Resource and Referral is available 8:00 am - 4:30 pm, Monday - Friday to the general public and to corporate clients.
D. Recruitment campaigns include:
   a. "Changes" - a program which recruits providers to care for children of teen parents. It offers on-site consultation, financial assistance and training.
   b. Low-Income Provider Support Project - a program to recruit and support low-income providers who care for children in their own neighborhoods. It includes training, start-up grants, and on-site consultation.
   c. Special Needs - a program to train and support providers who care for special needs children.
   d. Resources for Child Caring ongoing recruitment activities: a multi-faceted program, including an infant equipment loan program for new providers, distribution of Business Start-up Kits, and ongoing media coverage.
E. Family child care advisory committee: an ongoing interaction with family child care providers to identify family child care needs and to create Resources for Child Caring programs to meet those needs. Presently substitute care is the focus of discussion.
F. Group Leader and mentor training: a project to enhance the skills of family child care providers who furnish assistance to other providers.

10. Program materials:

Resources for Child Caring includes a major publishing function. Its efforts include: Love for a Living Series (recruitment campaign materials), Family Day Caring (magazine for family day care providers), Calendar Keeper, Basic Guide to Family Day Care Record Keeping, and numerous other publications. (See the Toys N' Things Press Catalog for complete listings).

Communication with providers is maintained through the Child Care Food Program newsletter, regular phone updating of 1200 providers on the child care resource and referral list, Helpline phone contacts, classes, on-site visits, regular flyers/letters about pending legislation, and the Family Day Caring magazine.

11. Replication/Special Issues:

Although no replication sites exist, the organization has provided a significant amount of technical assistance to other agencies and individuals across the country on child care resource and referral, training, advocacy, strategic planning, and employer consulting.

Program Name: Save the Children/Child Care Support Center (SC/CCSC)

Address: 1340 Spring Street, N.W.
Suite 200
Atlanta, GA 30309

Phone: (404) 885-1578

Contact Person: Nancy E. Travis, Director
Southern States Office

1. **Goals and objectives:**

   The mission of the Southern States Office is to improve the availability, quality and affordability of child care services in Atlanta, GA and in other areas of the country. SC/CCSC operates several child care support programs in its direct service area and is especially interested in helping low-income groups in rural and inner city areas. It encourages other communities to replicate its activities and shares information through individual consultation, publications, conferences, and workshops.

2. **Auspices:**

   Save The Children, established in 1932, is an international, voluntary, nonprofit organization. It operates in 38 countries and is dedicated to improving the economic and social well-being of low-income children. In the United States, Save the Children works in Appalachia, on Native American reservations, in several southern states, and in selected inner-city areas.

3. **Funding:**

   The annual budget for SC/CCSC is about $6,000,000.00. This money includes funding from the Child Care Food Program, JTPA contracts, Social Service Block Grants, State Refugee money, corporate contracts for CCR&R, local and national foundation grants and funding from Save the Children.

4. **Staffing pattern:**

   A staff of 67 (37 part-time) includes a director, an assistant director, eight senior professionals, and ten support staff members.

5. **History:**

   The Save the Children Child Care Office opened in 1978. Child Care Food Program Services began in 1980 and Child Care Solutions, the child care resource and referral service, followed in 1983.

6. **Region's demography:**

Eighty-eight of 159 counties, including thirteen rural communities, in Georgia and South Carolina are served by the Child Care Food Program.

Eleven metropolitan counties are included in the Child Care Solutions CCR&R Services.

7. **Client demography:**

The child care programs serve all economic and ethnic groups, including Cambodian, Laotian, Afghan, Ethiopian, and Russian.

8. **Services:**

Save the Children offers an array of child care-related services. These are based upon the premise that the best method to improve the well-being of children is to improve the environment in which they live through projects that encourage self-sufficiency.

Descriptions of the child care projects follow:

Child Care Solutions (CCS) is a child care resource and referral program for parents in metropolitan Atlanta, GA. CCS maintains and updates files on 1900 centers, family day care homes, pre-school and school-age programs. CCS serves 9,000 parents a year and conducts corporate referrals with sixty employer contracts.

Child Care Food Program serves over 1,100 family day care providers.

Mervyn's Family To Family Project, funded by Mervyn's Department Stores, began in November 1988. Family to Family enhances the quality of family day care in communities. The project has provided in-depth training to over 300 providers, accredited 60 providers and supported parents through consumer education.

Neighborhood Child Care Network (NCCN) is funded by the Ford Foundation in two low income inner-city areas to support caregivers working in family day care and center settings. Neighborhood committees have been organized to offer networking opportunities. Traveling toy lending libraries serve providers in their settings. Family day care training includes transporting providers and their children to a central site for education and networking opportunities. These services are not dependent upon providers being registered but the opportunity to join the Child Care Food Program is used as an incentive for them to become regulated.

Purchase Of Child Care Project pays for child care for 900 low income children whose parents are in job training programs.

School-Age Childcare Council (SACC) works to ensure the well-being of all school age children when school is not in session. SACC operates through nine standing committees: Training/Quality, Children with Disabilities, Affordability, The Role of

The Public Schools, Self-Reliance, Community Education, New Programs, Licensing and Statewide Information.

Emergency Child Care Project provides overnight emergency care in screened family day care homes for families in crisis and women in drug treatment programs and pays child care costs for children of newly employed parents.

Refugee Child Care Assistance Project (RCCAP) trains refugees to become family day care providers, offers child care assistance payments for refugee families and provides self reliance training for refugee children who are home alone.

Church Child Care Project offers consultation to church groups who want to open a child care center. To date, over 500 new child care options have been created and staff have been in contact with over 200 different churches and synagogues.

Child Care Support Center distributes child care publications written by STC staff and sponsors the Family Day Care Technical Assistance Conference, a national conference held annually since 1977.

10. Program materials:

Save the Children has created an extensive series of day care related publications. A newsletter for providers is offered as part of the Child Care Food Program and another for parents as part of Child Care Solutions. Save the Children has also developed a range of child care management materials including Family Day Care: An Option for Rural Communities, Family Day Care as a Child Protection Service, Legal and Program Issues Related to Child Custody and Late Parents, and The Child Care Food Program for Family Day Care: A How-To Manual. Evaluating Children's Progress: A Rating Scale for Children in Day Care has been used in family day care homes and centers.

11. Replication:

Parts of the program have been replicated in the Arkansas Delta, the Navajo Reservation and Dallas, Texas.

The Refugee Child Care Assistance Project, Emergency Child Care Project and Neighborhood Child Care Network are also being replicated.

Program Name: Steelcase Child Care Services

Address: Steelcase, Inc.
P.O. Box 1967
Grand Rapids, MI 49501

Phone: (616) 247-2139

Contact Person: Deb Vander Molen,
Administrator

1. **Goals and objectives:**

   Steelcase Child Care Services assists its employees and their families in locating available child care arrangements which meet their needs, provides consumer information to help them in the decision making process, and offers workshops and counseling for common parental and work/family concerns.

2. **Auspices:**

   The child care services are provided by Steelcase Inc; the largest employer in the area with 8,500 local employees; 21% are female. The services operate within the company's in-house counseling department, a section of the employee information program within the Department of Human Resources. It has been in operation since 1979-80 and services have been gradually expanded to address the child care needs of employees.

3. **Funding:**

   The present annual budget of $100,000 is funded by Steelcase, Inc.

4. **Staffing pattern:**

   The staff includes: a full-time administrator responsible for programming and budgeting as well as parental/provider counseling and seminars; a full time child care consultant primarily involved with parental/child care counseling and child care searches; a half-time child care consultant who provides technical assistance and home visits to providers as well as seminars for employees; a full-time secretary responsible for secretarial/clerical services and initial intakes with families.

5. **History:**

   The company initiated a family child care network and resource and referral program based upon employee requests for child care assistance. No equivalent community service was available to meet employees' child care and related needs.

6. **Region's demography:**

Steelcase is located in Grand Rapids, a city of 182,000 (1987) within a metropolitan area of approximately 625,000. The area has sustained a population growth of 13% between 1970-85 as compared to 1% growth in the State of Michigan as a whole.

7. **Client demography:**

The program annually provides child care referrals to 4-5% of Steelcase employees and their families (approximately 400 families). These families receive individual technical assistance and counseling regarding child care needs. In addition, workshops addressing the needs of working parents serve about 80 employees annually.

A family day care network of 400 family day care providers forms the basis for the referral program. To maintain the network, 150 child care providers receive home visits and sign a non-exclusive use, criteria- related agreement each year. In addition, approximately 200 providers receive technical assistance by telephone and 350-400 attend workshops provided by Steelcase annually.

8. **State Regulations:**

The State of Michigan has some of the most sophisticated Family Child Care licensing laws in the U.S. Family day care providers caring for one or more unrelated children are required to register. Providers may care for up to six children at any one time including their own children under age 7 years. The children may include no more than four under 30 months of age; no more than two of these four may be under 18 months of age. Training in first aid and infant/child CPR is required within the first three years of registration.

These regulations provide a solid foundation upon which this service is based. The home visit procedure with family child care providers is less time consuming because of the requirement that all individuals providing care can be with the state.

9. **Services:**

These include: child care searches and parent counseling (approximately 50% of consultants time); provider home-visits (approximately 20% of consultants, time); and provider technical assistance (approximately 30% of consultants' time).

Workshops are offered for employees as well as providers. The services are augmented by an equipment loan program for providers as well as a resource library for providers and employees.

10. Program materials:

The staff communicates with clients on a regular basis by telephone, individual appointments, a company newsletter, and surveys. Publications/materials include a provider packet compiled for each family seeking child care information to address its individual needs. In addition, a booklet about choosing in-home child care has been designed in cooperation with the local 4-C association which also has been funded by Steelcase to produce an annotated directory of local child care centers.

11. Replication:

The Program has been replicated by Lincoln National and Fort Wayne, Indiana.

The services are unusual because they are an in-house program funded and provided within the company and are based upon on-going relationships with family day care providers as well as employees.

Program Name: Work and Family Consortium (WFC) and the Colorado Association of Family Child Care (CAFCC)

Address: 999 18th Street
Suite 1615
Denver, CO 80202

Phone: (303) 293-2444

Contact Person: Joan Hoskins, Executive Director
Diana Range, Associate Director

1. **Goals and objectives:**

   The Consortium is dedicated to the development and coordination of resources to address child care and related family needs within the Denver metropolitan area.

2. **Auspices:**

   The Consortium is a nonprofit agency governed by a board of directors, including representatives of business, government, child care and other community organizations. Formed in 1980, it was an organization of volunteers until 1987 when two paid staff members were hired. Since its inception, the Consortium has expanded to establish a more stable funding base and to work with employers on child care and related issues. The resultant Corporate Services Division offers fee-for-service programs to employers interested in exploring or implementing child care initiatives for their work force.

3. **Funding:**

   The primary sources of funding are foundation grants (56%) and corporate services (44%). The annual budget is $389,000.

4. **Staffing pattern:**

   The Consortium has eleven full-time and one part-time staff members. These include a full-time executive director, an associate director, recruitment specialists, and several resource and referral specialists.

   A full-time trainer who staffs the Colorado Association of Family Child Care shares office space with the Consortium.

5. **History:**

The service was initiated in December 1986, based upon funding from American Express, Federal Dependent Care Grant, and the Mervyn's Foundation.

The first corporate contract for Enhanced Resource and Referral services commenced in July, 1987.

Additional grants from the Denver Foundation and Mervyn's "Family to Family" were received during the summer of 1988.

6. **Region's Demography:**

The Consortium serves a large, metropolitan area consisting of five countries with a combined population of over one million, including African-American, Hispanic and Asian populations.

7. **Client Demography:**

Over 1,000 people have contacted the Consortium for career information or technical assistance in the past nine months. Two hundred people were recruited into the child care field or into training. Over 3,000 people have received written information and resources and approximately 2,000 parents are served each year.

During the first year of training, 202 providers completed the Basic and Advanced Child Care Training. Over 4,000 people have received written resources or have spoken with the Training Coordinator about training.

8. **Services:**

Primary activities of the programs offered through the Work and Family Consortium include:

- training for family child care providers (a 20-hour basic course and a 32 hour advanced series);
- recruitment of family child care providers;
- technical assistance by telephone (8:00a.m. - 5:00p.m.) for the general public and enhanced services for corporate employees;
- provision of written information and resources to family child care providers;
- coordination of a broad-based, multi-media consumer awareness campaign.
- services to employers (needs assessments, consultation about on-site centers, enhanced resource and referral services and parent education classes);
- advocacy within the community.

Activities of the Colorado Association of Family Child Care include:

- support services to providers (a family child care providers' network, insurance coverage, conferences, and a newsletter);
- advocacy within the community.

9. Program materials:

The Colorado Association of Family Child Care communicates with clients and members through a newsletter, "The Rocking Horse."

10. Replication/Uniqueness

There have been no other programs based on the "partnership" model of the WFC and CAFCC.

The unique aspects of this project include:

- the joint nature of the program (WFC and CAFCC)
- the active involvement of family child care providers in the planning, development, and coordination of the project and in providing training to family day care providers.

Appendix D:
Bibliography of Resources of the Programs Represented at the Round Table

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SECTION I

EDUCATIONAL AND INFORMATIONAL MATERIALS FOR FAMILIES AND THE COMMUNITY

ARE YOU A PARENT WHO USES CHILD CARE? WHAT DO YOU KNOW ABOUT IT?; A PARENT'S GUIDE TO CHOOSING CHILD CARE
The Work and Family Consortium (1989), 999 18th St., Suite 1615, Denver, CO 80202
303/293-2444

The first publication is a brochure with a 28-item child care checklist to assist parents in their search. In addition, it effectively debunks four common myths about child care and replaces them with useful strategies for finding and maintaining appropriate arrangements.

The second is a booklet which includes the same checklist with more elaborate explanations of the steps involved in selecting and monitoring child care. 19 pages.

CHILD CARE CHOICES
Save the Children, 1340 Spring Street, NW, Suite 200, Atlanta, GA 30309
404/885-1578

A booklet with sections describing types of child care, how to choose the most appropriate arrangement, and helpful suggestions on easing the transition and monitoring the program. A checklist for selecting care, reprinted from the Federal DHHS publication, is also inserted. 4 pages.

CHILD CARE IN A FAMILY SETTING
CHOICE, 125 South 9th Street, Suite 603, Philadelphia, PA 19107
215/592-7644

This glossy checklist describes child care selection as a four-step process: check, observe, ask, and decide. Each step includes appropriate questions to aid families in their search. 2 pages.

CHILD CARE RESOURCES IN YOUR COMMUNITY
California Child Care Resource and Referral Network, 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A glossy folder targeted at child welfare workers to help them understand the complexities of the child care system. It has several components: a list of California child care resource and referral agencies and their role in the child care selection process, a description of the state's child care regulations, an overview of the use of child care for child abuse prevention and intervention, and an elaborate chart of types of child care programs including ages served, fees and eligibility requirements, funding, and administration.

CHILD CARE SELECTION GUIDE
Child Care Answers, 1499 Regal Row, Suite 505, Dallas, TX 75247
214/631-2273

A review of the basic components of the selection process based upon Texas statutes. It presents some thoughtful material about children's needs in relation to child care options. A one-page child care checklist is inserted for families' use. 22 pages.

CHOOSING CHILD CARE: A HANDBOOK FOR WORKING PARENTS
Connecticut Consortium for Child Care
Capital Region Education Council, 1 Barnard Lane, Bloomfield, CT 06002
203/242-8883
United Way of Connecticut, 900 Asylum Avenue, Hartford, CT 06105
203/249-6850

A Connecticut-based guide including a thoughtful section on the feelings and concerns of parents returning to work and initiating child care and checklists for nanny care, family day care, and center care selection. 28 pages.

CHOOSING FAMILY CHILD CARE: A HANDBOOK FOR PARENTS
Kathy Modigliani, Editor
The National Family Day Care Project, The National Council of Jewish Women Center for the Child (1990), 53 West 23rd Street, New York, NY 10010
212/645-4048

A guide to assist parents in finding high quality family child care with helpful suggestions for easing the transition into care and establishing good relations with the caregiver. 20 pages.

FACT SHEETS:

Facts about Child Care (February, 1989)
Facts about Employer Support for Child Care (September, 1990)
Facts about Family Day Care (December, 1988)
Facts about Family Day Care Regulations (July, 1989)
Facts about Volunteers (November, 1989)

The National Family Day Care Project, The National Council of Jewish Women Center for the Child, 53 West 23rd Street, New York, NY 10010
212/645-4048

This series of one-page information sheets discusses the complicated issues of child care, particularly family day care. The information is presented in a myth and fact format, making it especially useful for newsletters and presentations to providers, advocates and policy makers.

SCHOOL-AGE CHILD CARE: A GUIDE FOR WORKING PARENTS
Save the Children, Suite 200, 1340 Spring Street, Atlanta, GA 30309
404/885-1578

What are the child care options for school-age children? This booklet reviews the possibilities and presents a series of questions to enable parents to select an appropriate program or self-care. Georgia regulations are included. 9 pages.

SELECTING A CHILD CARE PROVIDER: A CHECKLIST
Child Care Initiatives, Jane Addams Center, Hull House Association, Chicago, IL 60567
312/549-1631

A 33-item checklist organized so that parents can record information about four options on one form. A section for parents to complete with their name and address and the provider's, to be returned to the child care resource and referral agency, is attached.

SECTION II

RECRUITMENT MATERIALS FOR OUTREACH AND PRE-SERVICE TRAINING

"BECAUSE WE CARE, AMERICA WORKS"
Colorado Association of Family Child Care

A brochure which describes the Colorado family day care organization and provides information to prospective providers about licensing and training as well as guidelines for parents in selecting child care. 6 pages.

CHILD CARE: A PROFESSION WITH POSSIBILITIES;
CONGRATULATIONS ON YOUR DECISION...., (1988);
LEGALLY EXEMPT CHILD CARE....;
PUTTING YOUR BEST FOOT FORWARD: INTERVIEW TIPS FOR CHILD CARE PROFESSIONALS, (1989);
QUALITY FAMILY CHILD CARE: YOU HOLD THE KEY, (1989);
SO WHERE ARE ALL THOSE FAMILIES OUT THERE NEEDING CHILD CARE? SOME TIPS ON MARKETING YOUR CHILD CARE SERVICES, (1989);
CHILD CARE TRAINING OPPORTUNITIES, METRO DENVER
YOU ARE INVITED TO SHARE YOUR FAMILY CHILD CARE EXPERTISE;
Work and Family Consortium, 999 18th Street, Suite 1615, Denver, CO 80202
303/293-2444

This series of brochures offers information and encouragement to newly regulated providers. The last presents a brief overview of two programs which link veteran providers with those in the beginning stages of the licensing process.

DO KIDS LIKE YOU?
Connecticut Consortium for Child Care, CREC, 1 Barnard Lane, Bloomfield, CT 06002
203/242-8883
United Way of Connecticut, 990 Asylum Avenue, Hartford, CT 06105
203/249-6850

A black and white line drawing of a provider and two children enlivens a brief message which can be used as a poster or a newspaper advertisement to solicit interest in becoming a regulated provider.

FAMILY DAY CARE: A CAREER IN CHILD CARE (brochure);
CAREER AND CHILD CARE CHOICES (booklet)
Women in Transition, 125 South 9th Street, Suite 603, Philadelphia, PA 19107
215/592-7644

This brochure and 5-page booklet furnish information about the basic requirements for offering family day care in Pennsylvania and delineate the training and technical assistance services available through the project in a clear and attractive format.

HOW TO START A FAMILY DAY CARE HOME
Save the Children Neighborhood Child Care Network (1989), c/o Parish House, 364 Kelley Street, SE, Atlanta, GA 30312
404/524-4607

A practical packet of materials to assist new providers and to enable them to enroll in the local child care resource and referral service. Included are a checklist of steps in starting a family day care business, a copy of the state regulations, suggestions for organizing the home environment and deciding on a fee schedule, ideas on recruiting children with a sample flyer that can be posted in local neighborhood sites to advertise the service, forms to use in enrolling children, and information about taxes and insurance

LOVE FOR A LIVING RECRUITMENT CAMPAIGN
Resources for Child Caring, Inc. Toys 'n Things Press, 906 N. Dale Street, St. Paul, MN 55103
800/423-8309, 612/488-7284, or 612/823-7243

This complete promotional campaign is composed of high quality black and white glossy materials highlighted by attractive multi-ethnic photographs of providers, infants, and toddlers. Brochures, posters, and a radio script are available and can be customized for use by specific agencies.

OPEN YOUR HOME, AND YOUR HEART. (brochure, 1988, and poster, 1985)
California Child Care Resource and Referral Network, 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A recruitment brochure and matching poster picturing a plate of heart-shaped cookies and milk. They convey the warmth of a home setting in association with their outreach message.

THE KINGSBRIDGE CHILD CARE NETWORK IS...(brochure);
FAMILY DAY CARE: A CAREER IN CHILD CARE (booklet) (1986);
FAMILY DAY CARE: A CAREER IN CHILD CARE (flyer)
Child Care, Inc., 2805 University Avenue, Bronx, NY 10468
212/796-7950

These recruitment materials include a 14-page booklet in an easy-to-read format to enable potential providers to get off on the right foot. Additional information describes strategies for creating an appropriate environment, working with a provider network, recruiting families, and initiating and maintaining a good relationship with parents.

WHAT IS AN ACCREDITED FAMILY DAY HOME PROGRAM?
Child Care Partnership of Dallas, Inc. (1986), 1820 Regal Row, Suite 100, Dallas, TX 75235
214/638-5454

A brochure describing the components and requirements of this Texas-based accreditation program.

SECTION III

TRAINING MATERIALS

A. MANUALS

A PROVIDER'S TRAINING HANDBOOK OF FAMILY DAY CARE RESOURCES
Neighborhood Child Care Initiatives Project, Child Care, Inc. (rev. 1989), 2805 University Avenue, Bronx, NY 10468
212/796-7950

A training manual in looseleaf format including nine sections: "caring for children in your home"; "business management for FDC providers"; "health, safety and first aid"; "working with parents"; "infants and toddlers:learning and growing"; "preschoolers and schoolagers"; "helping children learn using materials"; "food and nutrition"; and how are you doing?" (a self-evaluation section). Each section includes practical examples, charts, and checklists to help providers enhance their knowledge of young children and their skills in serving families.

Useful forms illustrate family/provider agreements, emergency information, authorization for emergency medical care, and monthly expense,attendance and payment records.

Articles are included from a variety of sources including NAEYC's Young Children magazine, Scholastic Pre-K Today, and the Family Day Care Training Curriculum of the New York State Department of Social Services. Some forms and materials are New York-based (for example, the New York City Department of Health Record Form).

CHILD CARE ENRICHMENT KIT
Child Care Initiatives (monthly), 3212 N. Broadway Avenue, Chicago, IL 60657
312/549-1631

Individual folders, each using a theme to introduce activities appropriate for use in family day care homes. Included are suggestions for games, books, toys to make, songs, movement activities, and snacks. These folders are targeted to specific months of the year.

COMMUNITY PARTNERSHIPS: A GUIDE TO BUILDING AND MAINTAINING SUPPORT FOR FAMILY DAY CARE (1990), Nancy Cohen
National Council of Jewish Women, 53 West 23rd Street, New York, NY 10010, 212/645-4048

This guide provides "how-to" information to assist child care organizations and volunteer groups with increasing the quality and supply of family day care in their communities. The guide includes information on networking, choosing and designing a family day care project, raising funds to support the project, and working with volunteers.

FAMILY DAY CARE HANDBOOK
California Child Care Resource and Referral Network (rev. 1988), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

This looseleaf notebook is an anthology of articles and materials from a variety of organizations with expertise in family day care. For example, legal issues are often represented by the Child Care Law Center and practical issues are materials from BANANAS, one of the first child care resource and referral agencies in the nation.

Each of the eight sections includes a separate table of contents which simplifies accessing information and a list of resources. The sections include: "getting started," "the business of family day care," "working with parents," "health and safety," "food and nutrition," "working with children" and a bibliography of resources. Legal aspects of caregiving are given special attention (for example, a section on the legal aspects of caring for sick and injured children and the rights and responsibilities of child care providers in reporting child abuse).

Tax, insurance liability, and financial issues are also well-represented. An up-to-date section on health and safety incorporates forms for emergency medical authorization, child health record, medication release, and accident report as well as information about aids, the physical and behavioral indicators of child abuse and neglect, and a guide to automobile restraints from the American Academy of Pediatrics. 317 pages.

FAMILY DAY HOME TRAINING MATERIALS
Child Care Partnership of Dallas, Inc., 1820 Regal Row, Suite 100, Dallas, TX 75235
214/638-5454

A looseleaf manual prepared to be used by trainers in conjunction with Child Care Partnership of Dallas' Family Day Home Accreditation Training Program. The manual includes sections on the organization of the training and accreditation process as well as training materials covering family day care as a business, working with families, the learning environment, health and safety, and activities to enhance child development. The manual is especially useful to organizations interested in developing a similar accreditation program.

LOUISE CHILD CARE FAMILY DAY CARE SERIES: AN INTERPERSONAL APPROACH TO CHILD CARE
Louise Child Care Center (1989), 336 South Aiken Avenue, Pittsburgh, PA 15232
412/661-0989

This looseleaf book is composed of materials developed by Louise Child Care in its long history of working with family day care providers. It has sections on "pre-planning," "starting your home day care service," "program management," "understanding children," "discipline," "play activities," "changes in our lives" (discussions about easing separations and transitions for children and families), as well as sections about the stages of learning, and play activities. The final section is a caregiver self-evaluation form with a brief commentary to help providers to address self-identified areas of weakness.

The tone of this manual is warm and supportive and the consistent, easy-to-read format makes it especially useful for new providers. A 5-page child development record to be completed by the participant child's family is a valuable, often omitted resource. The manual does not have an index or table of contents.

MAKING A DIFFERENCE: A HANDBOOK FOR CHILD CARE PROVIDERS
HACIENDO UNA DIFERENCIA: UN MANUAL PARA PROVEEDORES DE CUIDADO INFANFIL
California Child Care Resource and Referral Network (1986), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A handbook on preventing child abuse and neglect, available in Spanish and English versions, prepared for family day care homes and child care centers. Topics include the identification of warning signs, strategies for working with abused children and their families, providers' responsibilities as mandated reporters, and methods of positive child guidance and discipline. The magazine-like format, generous use of photographs of active, happy, involved children, and clear organization make it especially readable. References at the end of each article are also useful. 73 pages.

SAFE CARE/SAFE PLAY: A CHILD CARE SAFETY MANUAL FOR STATE LICENSING OFFICIALS;
SAFE CARE/SAFE PLAY: A CHILD CARE SAFETY MANUAL FOR TRAINING FAMILY DAY CARE PROVIDERS;
Bush Center in Child Development & Social Policy, Yale University (1990). New Haven, CT.
203/432-4570

SAFE CARE/SAFE PLAY: CHILDCARE AS A SITE FOR INJURY PREVENTION (1990), Matia Finn-Stevenson and J.J. Stevenson. Children Today, 19,2,16-32.

Accidental injuries to children cause more deaths and disabilities to children than all major childhood diseases combined. Children ages 1 to 4 are especially at risk. Although some progress in the prevention of injuries to children has been made in the past few years, much more remains to be done to ensure children's safety. These manuals focus on what family day care providers can do to become aware of the safety of the children and to safety-proof their home. The first manual is directed at state agency officials working with and training family day care providers; the second manual is designed for providers and may be used individually or with groups. The accompanying article discusses the prevention of injuries in child care settings in general.

SECOND HELPING TRAINING CURRICULUM
Windflower
Colorado Association of Family Child Care (1986), 999 18th Street, North Tower, Suite 1615, Denver, CO 80202
303/292-2764

An advanced family day care training curriculum developed by providers and a parent for veteran providers. The curriculum has four modules: "the provider" (including identifying your business style, preventing burnout, and developing assertiveness skills), "the children" (including the use of teachable moments, fostering self-esteem in children, and behavior management skills), "the family" (which covers special issues related to providers' and clients' families), and "the business" (which includes budgeting and planning, marketing, professional support systems, legislative involvement, and career ladders). The material is a valuable addition to the more basic information presented in other curricula.

B. MATERIALS ON SPECIFIC TOPICS

CALENDAR-KEEPER 1989;
SHARING IN THE CARING FAMILY DAY CARE PARENT-PROVIDER AGREEMENT PACKET;
COMING TO TERMS: A HANDBOOK ON FAMILY DAY CARE AGREEMENTS (Tom Copeland);
BASIC GUIDE TO FAMILY DAY CARE RECORD KEEPING (Tom Copeland);
1988 FAMILY DAY CARE TAX WORKBOOK (Tom Copeland)
FAMILY CHILD CARE BUSINESS SERIES (Brochures Nos. 1, 2, and 3)

1- The Tax Consequences of Selling Your Home
2- Ten Record Keeping Tax Tips for the New Provider
3- The Tax Benefits of Becoming a Regulated Family Child Care Provider

Toys 'n Things Press, Resources for Child Caring, 450 North Syndicate, Suite 5, St. Paul, MN 55104
800/423-8309; 612/641-0305

Attractive, practical, popular materials for providers developed by a longstanding child care agency. The calendar is an attractive record-keeping system which includes space to record attendance, payments, monthly totals for meals and snacks served, and mileage as well as helpfui hints and activity ideas.

The agreement packet has forms to complete related to activities, meals, illness and transportation policies, fees, holidays, vacations, and payment terms as well as suggestions about the transition to day care. The handbook on agreements covers how to negotiate and enforce contracts with parents.

The tax workbook offers step-by-step help in completing federal income tax forms. Additional related information is provided in the brochures.

EMPLOYERS AND FAMILY DAY CARE (1990), Pat Ward with Galen Joseph
National Council of Jewish Women, 53 West 23rd Street, New York, NY 10010
212/645-4048

This paper explores family day care as one of the options for employer supported child care. Employers' motivations for working with family day care are described, as are some of the obstacles employers encounter and how they overcome them. Included are corporate examples, an annotated bibliography of resources, and suggestions for increasing corporate involvement. This paper was commissioned by Save the Children's Child Care Support Center.

THE BEST WE HAVE TO GIVE: CHILD CARE & CHILD ABUSE PREVENTION
Vivian Weinstein
California Child Care Resource and Referral Network (1987), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A booklet based upon a series of speeches by Vivian Weinstein delivered at child abuse prevention conferences organized by the California Child Care Resource and Referral Network from 1984-86. The articles review background information, the forms of child abuse, methods of identifying the abused child, theories of the causes of abuse, intervention strategies, agency roles, and child care goals. A clearly written document, valuable for those with specific interest in the subject. 13 pages.

THE PROVIDER'S GUIDE TO CHILD SAFETY AND ACCIDENT PREVENTION
United Family Federation, 276 West Main Street, Waterbury, CT 06702

This comprehensive guide, developed in cooperation with the Bush Center for Child Development and Social Policy of Yale University, heightens family day care providers' awareness of the ways the home environment can be structured to reduce the likelihood of injuries. It includes information about conducting a home safety audit as well as tips and safety awareness games for teaching children and parents about safety and injury prevention.

C. VIDEOS

JOINING HANDS...JOINING FORCES
California Child Care Initiative Project, California Child Care Resource and Referral Network, 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A 15-minute video effectively describing the unmet need for child care options and the cooperative venture of funders, employers, employees, government, parents and providers to increase the availability of trained family day care providers via the California Child Care Initiative Project. Through these efforts, 1700 newly trained providers were licensed in California over a three year period.

LET'S PLAY and LET'S PLAN
The Teacher Center, Inc. (1987), Family Day Care Project, 100 Cold Spring Street, New Haven, CT 06511
203/776-5987

Two half-hour videos presenting positive examples of family day care providers organizing their programs. The first shows providers and children in family day care settings involved in appropriate play activities. An 18-page companion booklet offers ideas for learning experiences that meet children's developmental needs.

The second focuses on how to start and maintain a program that builds positive relationships among children, parents and providers.

SECTION IV

EVALUATION AND ASSESSMENT INSTRUMENTS

EVALUATING CHILDREN'S PROGRESS: A RATING SCALE FOR CHILDREN IN DAY CARE,
Save the Children, 1340 Spring Street N.W., Suite 200, Atlanta, GA 30309
404/885-1578

An easy-to-use set of rating scales to measure the developmental progress of children participating in family day care homes and centers. Four scales are included: birth to two years, two year olds, three year olds, and four through six year olds. This resource is useful in identifyihg individual children's needs for planning purposes.

EVALUATING HOME BASED DAY CARE
Louise Child Care Center (1976, rev. 1988), 336 South Aiken Avenue, Pittsburgh, PA 15232
412/661-7340

This clearly written, well-organized scale by a venerable child care agency was created to assist in the systematic observation and evaluation of family day care programs. Designed to be compatible with the Child Development Associate competencies for family day care, it includes almost 200 items organized into nine areas: "safe environment," "health and nutrition," "learning environment," "curriculum and activities," "social and emotional," "guidance and discipline," "families," "program management," and "professionalism." A simplified self-study form is offered in the companion training manual (see III A. in this Appendix), enhancing the usefulness of this material in increasing the skills of providers. 16 pages.

FAMILY DAY HOME OBSERVATION INSTRUMENT
Child Care Partnership of Dallas, Inc. (1987), 1820 Regal Row, Suite 100, Dallas, TX 75235
214/638-5454

A recently developed instrument with over 100 items based upon the Child Development Associate competencies for family day care. It includes several categories: family child care as a business; working with families; the learning environment; safety, health, and nutrition (a section which includes 43 of the items); and activities to enhance children's physical, social, language, cognitive, and creative development. 34 pages.

SECTION V

MANAGEMENT MATERIALS

A. PROJECT DESCRIPTIONS AND REPORTS

THE CHILD CARE DEVELOPMENT PROJECT OF COASTAL ENTERPRISES:
ISSUES, SOLUTIONS, SERVICES;
SEMI-ANNUAL REPORT;
VARIABLES OF CHILD CARE MEASUREMENT FORMS
PROJECT STATUS REPORT 5/8/89
Coastal Enterprises, Inc., P.O. Box 268, Wiscasset, ME 04578
207/882-7552

Materials briefly describe a major initiative to stimulate the development of affordable, quality child care for Maine families and to assist individuals seeking economic self-sufficiency through the operation of child care programs. The project includes a $430,000 revolving load fund to create or expand child care homes and centers as well as funding for technical assistance, education, and training of providers.

NEIGHBORHOOD CHILD CARE INITIATIVES PROJECT OF CHILD CARE, INC.
Child Care, Inc. (1988), 2805 University Avenue, Bronx, NY 10468
212/796-7950

This booklet delineates the goals and objectives of a project aimed at expanding child care options for infants and toddlers, increasing access to care by creating child family day care networks, and improving the quality of care via training and support services to New York City's family day care community.

OUTREACH TO FAMILY DAY CARE: A NATIONAL VOLUNTEER INITIATIVE (1990), Matia Finn-Stevenson and Pat Ward. Zero to Three, X,3,18-21.

This article describes the National Family Day Care Project, highlighting the role of volunteers.

PROJECT DESCRIPTIONS (1987);
INCREASING QUALITY FAMILY DAY CARE (1988), Nancy S. McCullar
Jane Addams Center/Hull House Association, Child Care Initiatives, 3212 North Broadway, Chicago, IL 60657
312/549-1631

Project Descriptions reviews the components of Chicago-based Child Care Initiatives including resource and referral services, the subsidized care system, training and technical assistance programs, consultation services for similar organization, and advocacy efforts.

Increasing Quality Family Day Care delineates the efforts of the Jane Adams Center to increase the quality of family day care in the Chicago area by teaching staff members of other agencies to recruit, train, and support providers. The document is useful for those interested in the specific components of a training of trainers model. 96 pages.

FAMILY BASED CHILD CARE TRAINING PROGRAM DESCRIPTION;
FINAL REPORT: TEMPLE UNIVERSITY TRAINING PROJECT (1989),
Sandy Gellert and Happy Craven Fernandez
Career and Child Care Choices, 125 South 9th Street, Suite 603, Philadelphia, PA 19107
215/592-7644

These two booklets describe the components of a program in the Philadelphia area aimed at educating child care consumers, training new family day care providers, offering courses for child care professionals, providing scholarship money to assist with the cost of these courses, and furnishing training and support for traveling advisors who provide in-home training and consultation to new providers.

The first booklet is an in-depth description of the provider training component. The second documents the specific accomplishments, problems, barriers, and lessons learned in the provision of each component of the program.

The following materials are distributed by California Child Care Resource and Referral Network, 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

THE CALIFORNIA CHILD CARE INITIATIVE PROJECT (brochure)

A brochure briefly describing the project, its accomplishments in increasing child care options and quality, and its responsiveness to local needs.

THE CALIFORNIA CHILD CARE INITIATIVE PROJECT DESCRIPTION (1989)

A glossy, photo-filled booklet, a companion piece to the brochure, describing the advantages of the partnership model and including a five-part supply building model. 12 pages.

CALIFORNIA CHILD CARE INITIATIVE PROGRAM SUMMARY (1989)

A description of this $3 million project including a list of its funders and their fiscal commitment to the project. 3 pages.

A GUIDE TO THE CALIFORNIA CHILD CARE INITIATIVE PROJECT (1989)

A comprehensive review of the history, components, and outcomes of this project. Included are sections on forming public/private partnerships, planning the program, recruiting family day care providers, furnishing start-up technical assistance, developing and implementing training, and retention. Extensive appendices include replication checklists, program summary and funders list, bibliography of publications of the Initiative, data collection, report, and survey forms, and recruitment and training statistics for 1985-89.

FROM INSPIRATION TO ACTION (1987)
San Francisco Special Child Care Grants Initiative

In depth descriptions of four projects funded by the San Francisco Foundation.

The Bay Area Child Care Needs Assessment Project developed and implemented a standardized child care data collection system and prepared and disseminated a Child Care Information Kit for employers, the media, and government officials.

The Family Day Care Training and Recruitment Project involved three community-based agencies in making child care available and affordable for the high-risk, low income families they served.

Parents in the Workforce focused on marketing and implementing employer-supported child care programs.

The Child Care Land Use and Legal Support Project stimulated reforms in land use to reduce the limitations on available child care, promoted understanding of child care needs as part of local planning, provided legal support to new and existing child care programs, and increased public awareness of child care legal issues.

CHILD CARE RESOURCE AND REFERRAL PROGRAMS IN CALIFORNIA (undated)

An overview of the history, philosophy, goals, and services of California's Child Care Resource and Referral programs. 3 pages.

BACKGROUND AND HISTORY OF THE CALIFORNIA CHILD CARE RESOURCE AND REFERRAL NETWORK (1987), Patty Siegel and Merle Lawrence

A report describing the basic issues in child care resource and referral services and California's supportive referral network, prepared for the Sunset Review Advisory Committee. 4 pages.

CALIFORNIA CHILD CARE INITIATIVE YEAR END REPORT: OCTOBER 1, 1985 - SEPTEMBER 30, 1986, Merle Lawrence

A comprehensive report describing in detail the background, goals, program monitoring and evaluation, project implementation, outcomes, and conclusions drawn from the project in its initial year of operation. 100 pages.

CALIFORNIA CHILD CARE INITIATIVE YEAR TWO REPORT: OCTOBER 1, 1986 - OCTOBER 31, 1987, Merle Lawrence and Sarah Lutes

A parallel report describing accomplishments in the project's second year of operation.

CALIFORNIA CHILD CARE INITIATIVE PHASE III (1988)

A brief announcement of the planned components of the third year of the project which focused on offering training and technical assistance to child care resource and referral agencies.

B. OTHER MATERIALS

ASSESSMENT OF HOME DAY CARE SERVICES (1982), Dorothy T. Rodriguez, Child Care Quarterly, 11,4, 291-297;
SELF-EVALUATION FOR FAMILY DAY CAREGIVERS (1981), Dorothy Rodriguez and Marilyn Albert, Child Welfare, LX, 263-267;
A TOOL FOR EVALUATING FAMILY DAY CARE MOTHERS (1978), Dorothy Rodriguez, Child Welfare, LVII, 55-58;
GUIDELINES FOR THE SELECTION OF HOME-BASED DAY CAREGIVERS (1976), Dorothy Rodriguez and William F. Hignett, Child Welfare, LV, 20-26;
Louise Child Care Center, 336 S. Aiken Avenue, Pittsburgh, PA 15232

Four journal articles describing the process of selecting and evaluating family day care providers, developed by staff of the Louise Child Care Program.

DEVELOPING AND MANAGING A FAMILY DAY CARE NETWORK: A HOW-TO GUIDE
Cynthia Rowe
Child Care, Inc. (1989), 275 Seventh Avenue, New York, NY 10001
212/929-7604

A manual designed to support the initiation, management, and sustaining of community-based family day care networks. It includes sections on assessing community needs, recruiting and training caregivers, providing consultation support visits, recruiting children, and fundraising. A comprehensive section of appendices includes a community needs assessment form, checklists for home visitors and parents to assess the family day care home, a parent/provider agreement form, complaint form, provider self-assessment instrument, sample budgets, and a bibliography of training materials and resources.

The following materials are created and distributed by Child Care Support Center, Save the Children, 1340 Spring Street NW, Suite 200, Atlanta, GA 30309
404/885-1578

COMMUNITY CHILD CARE REPORT, FULTON COUNTY EDITION;
COMMUNITY CHILD CARE REPORT, CLAYTON COUNTY EDITION;

Newsletters created to share information about unmet child care needs in counties in the Atlanta, Georgia area and to report on activities of Save the Children which address these needs.

ESTABLISHING A FAMILY DAY CARE AGENCY

A booklet describing eight agencies that offer a range of sponsorships, funding sources, administrative design, and support services to providers. 28 pages.

FAMILY DAY CARE: AN OPTION FOR RURAL COMMUNITIES

This report describes strategies useful in a rural community's efforts to increase the quality and quantity of family day care options. The chapters address the child care food program, training, toy lending libraries, child care resource and referral, child care for low income families, and family day care support groups. The appendices include a list of resources as well as sample forms and suggestions for policies useful in operating a toy lending library. 78 pages.

FAMILY DAY CARE AS A CHILD PROTECTION SERVICE

A booklet that describes child protection agencies' use of family day care as a resource for children at risk of abuse or neglect. 37 pages.

FAMILY DAY CARE TRAINING AND PUBLICITY: AUDIOVISUAL RESOURCES (1983)

This list includes over 50 videotapes, filmstrips, and slide presentations that can be used to train family day care providers or to publicize family day care as a career.

LEGAL AND PROGRAM ISSUES RELATED TO CHILD CUSTODY AND LATE PARENTS

A document discussing the rights and responsibilities of caregivers in relation to families involved in custody disputes and parents who are frequently late in picking up their children. 17 pages.

FINDING CHILD CARE IN METROPOLITAN ATLANTA (1988),

A brief report analyzing 8,400 requests for child care referral in metropolitan Atlanta over a one year period. Graphs are used effectively to convey the outcomes of the study.

THE CHILD CARE FOOD PROGRAM FOR FAMILY DAY CARE: A HOW-TO MANUAL

A practical manual for agencies interested in starting a family day care food program. Drawing on the experience of Save the Children staff, it presents the requirements and responsibilities of sponsors, ideas on staffing and budgeting, as well as information on recruitment, monitoring visits, and nutrition education for providers. Administrative and management issues are also described in detail and numerous forms are reprinted for use.

HELPING FAMILY DAY CARE PROVIDERS STAY IN THE BUSINESS: RETENTION STRATEGIES FROM THE CALIFORNIA CHILD CARE INITIATIVE
Dan Bellm, editor
California Child Care Resource and Referral Network (1989), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A report documenting the components of recruitment efforts developed and implemented by the California Child Care Initiative. Included are sections on the survey process, factors in turnover, and strategies for retention, as well as a bibliography and a copy of the survey instrument. 56 pages.

NATIONAL DIRECTORY OF CHILD CARE RESOURCE AND REFERRAL AGENCIES
California Child Care Resource and Referral Network (1987), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

A state-by-state listing of child care resource and referral agencies and the services they offer. 44 pages.

THE COST OF CHILD CARE
Jeannie M. Hamrin
Coastal Enterprises, Inc. (1989), P.O. Box 268, Wiscasset, ME 04578
207/882-7552

A preliminary study of the results of a $486,400 loan and grant program to increase child care slots. 3 pages.

THE 1988 ANNUAL REPORT ON THE MINNESOTA CHILD CARE SYSTEM
Tom Copeland
Resources for Child Caring (1989), 450 North Syndicate Avenue, Suite 5, St. Paul, MN 55104
612/641-0305

A comprehensive and thorough analysis of the status of child care services in Minnesota. The report includes data about the number of children needing child care, financial assistance programs available to the working poor, the supply of licensed child care, the cost of care, wages of child care workers, and source and amounts of county, state and federal funds expended on child care.

Especially useful to planners and policy makers are the specific recommendations for data collection by state agencies to create a comprehensive picture of the status of child care services and funding as well as the Child Caring Report Card, a simple and direct method to develop a county-by-county analysis of the quality of child care, the diversity of child care options and the extent to which services are available to children regardless of income. 33 pages.

YOUR ROLE AS A FAMILY DAY CARE PROVIDER TRAINER
Judy Lindman and Debra Larsson
California Child Care Resource and Referral Network (1989), 809 Lincoln Way, San Francisco, CA 94122
415/661-1714

Practical techniques for designing and implementing a family day care training program including information about adult learning styles, factors that motivate people to become providers, and strategies to encourage participation in training. A rich appendix includes examples and forms to aid in effective implementation of training plans. 79 pages.

SECTION VI

CONTINUING EDUCATION MATERIALS

A. FOR PARENTS

SOLUTIONS: A PUBLICATION FOR PARENTS
Child Care Solutions Resource and Referral Service, 1340 Spring Street, Suite 200, Atlanta, GA 30309
404/885-1578

A newsletter with articles focusing on parental needs and concerns about child care as well as state and regional child care planning and advocacy issues.

B. FOR PROVIDERS

CARE CONNECTION
Capitol Region Education Council, One Barnard Lane, Bloomfield, CT 06002
203/242-8883

CT Department of Human Resource, 1049 Asylum Avenue, Hartford, CT 06105
203/566-3800

A quarterly newsletter mailed to every regulated provider in the state. Each issue includes ideas for practical activities, information about child development and building positive partnerships with parents, as well as child care and advocacy news.

CARE NEWSLETTER
Jane Addams Center/Child Care Initiatives, 3212 North Broadway, Chicago, IL 60657
312/549-1631

A newsletter for providers in the agency's network. Articles give practical tips to providers as well as information about upcoming events.

FAMILY DAY CARE HOT LINE
Neighborhood Child Care Initiatives, 275 Seventh Avenue, New York, NY 10001
212/929-7604

Articles about local, state, and national family day care events and opportunities as well as reprints of practical articles about child development, appropriate activities, day care as a business and related issues.

FAMILY DAY CARING
Toys n' Things Press, 450 North Syndicate, Suite 5, St. Paul, MN 55104
612/641-0305

A bi-monthly magazine for family day care providers with articles by professional authors and educators as well as practicing providers. The topics include health and safety, curriculum, child development, parent issues, and business skills.

Appendix E:
Unanswered Questions: Unresolved Issues For Researchers And Policymakers

UNANSWERED QUESTIONS CONCERNING REGULATORY ISSUES:

What are the costs and effects of regulating various components of family day care (such as staff:child ratios, training, and background checks)? How do relative costs affect the supply and quality of family day care? For example, what are the relative costs and effects of only requiring providers' homes to meet minimal health and safety standards vs. also requiring providers to receive start-up and annual training?

At what levels within what funding structures do regulations preclude economic viability? How can family day care be made an economically viable occupation for single-income families and still provide a safe and supportive environment for children?

What are the effects of varying levels of enforcement of regulations? What are cost-effective methods of enforcing family day care regulations that also provide some assurance of basic quality?

How can regulators play dual roles as monitors of family day care programs and supporters of quality family day care?

UNANSWERED QUESTIONS CONCERNING RECRUITMENT, TRAINING AND RETENTION:

What are the most effective methods of market analysis to ensure the need for providers' services?

What strategies are effective in ensuring providers' economic success in low-income communities? How can the child care community most effectively work towards that end? How effective are various types of screening in eliminating inappropriate candidates as well as encouraging suitable candidates?

What are the causes of turnover and can or should they be addressed? How can family day care providers' employment life cycles be taken into account when evaluating retention efforts?

How effective are retention techniques, including mentoring programs, support groups, and training that addresses providers' needs?

What are cost-effective strategies for states, child care organizations, and government agencies to meaningfully support the quality and supply of family day care?

What are cost-effective methods for evaluating the outcomes of recruitment, retention, and training in a meaningful, long-term manner?

How effective are various components of pre-service and ongoing training? What are cost-effective training programs?
What are effective ways to identify training components that match providers' needs?

Which approaches to training best balance achieving intended outcomes and cost-effectiveness?

UNANSWERED QUESTIONS ABOUT PROMOTING QUALITY AND PROFESSIONALISM:

What are the components of high-quality family day care, taking into account children's well-being, provider behaviors, and provider-child interactions?

How effective is family day care within the continuum of child care services in meeting the needs of specific populations of children?

What are effective methods for empowering families to identify high-quality family day care and to advocate for increases in government and other resources devoted to child care?

What specific message about family day care should be communicated by a national public relations campaign? How can the campaign be funded and sustained?

UNANSWERED QUESTIONS CONCERNING ORGANIZATIONAL AND PLANNING CONSIDERATIONS:

What roles are most effectively filled by family day care provider associations? What roles by CCR&Rs? How can associations and CCR&Rs work together most effectively?

How can child care organizations most effectively cooperate? When is competition productive?

Exactly what data do CCR&Rs need to collect as the basis of local, state, and national child care planning?

UNANSWERED QUESTIONS CONCERNING FUNDING ISSUES:

How are federal and state monies currently expended on child care? How can these systems be made more efficient?

What changes in the tax structure can result in more consistent and increased funding for child care?

What is a set of measurement standards, including quality and unit cost of service, which child care organizations can use to demonstrate accountability to funders in their recruitment, retention and training efforts?

How cost effective are the various child care initiatives which have been supported by private funders? What are the implications for other potential investments?